**THE MISSISSIPPI DEPARTMENT OF EDUCATION**

**EVALUATION COMMITTEE REPORT**

(This form must be maintained in the file)

**Delete red highlighted**

**EVALUATOR NAME: PROFESSIONAL TITLE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ADVISOR SUMMONED ( ) YES ( ) NO**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Input provided:**

**NAME OF OFFERORS**

**(The bullets below should help you formulate the summary for the report required for the awarded and non-awarded vendors)**

**Awarded Vendor**

* **Provide offerors score from highest to lowest**
* **Reason offeror was chosen for award (review all rubric comments)**
* **Provide in detail the terms, conditions, scope of service, fees, and other matters to be incorporated into the awarded contract**

**Non-Awarded Vendor**

* **Provide score**
* **Reason offeror was not chosen for award (review all rubric comments)**

**AWARDED VENDOR**

(Offerors are listed from highest to lowest ranking)

**Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Score: \_\_\_\_\_\_\_\_\_\_\_**

**NON-AWARDED**

**Offeror Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Score: \_\_\_\_\_\_\_\_\_\_\_**

Please continue for additional offeror responses.