



**D. ADMINISTRATIVE INFORMATION CONT.**

1. Delivery Information Cont:

b. Identify any special delivery requirements and describe below.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Security Clearance                                      | <input type="checkbox"/> Specific Delivery Hours | <input type="checkbox"/> Delivery Distribution List |
| <input type="checkbox"/> Other than FOB Destination                              | <input type="checkbox"/> Floor Plans             | <input type="checkbox"/> Site Preparations          |
| <input type="checkbox"/> Packaging Requirement                                   | <input type="checkbox"/> Building Access         | <input type="checkbox"/> Facilities Approval        |
| <input type="checkbox"/> Special Delivery Tools<br>(pallet jack, forklift, etc.) | <input type="checkbox"/> Other: _____            |   |

Additional Details: \_\_\_\_\_  
\_\_\_\_\_

2. Funding:

a. Funded with Federal Funds/Bonds/Grants:  Yes  No  
*(If Grant Funds, please attach a copy of the Grant Agreement Terms & Conditions).*

b. Funds Expire on: \_\_\_\_\_.

3. Does the requested item have any software requirements or need any type of software to operate?  Yes  No

**E. AGENCY REQUESTED SPECIAL INSTRUCTIONS, EVALUATION CRITERIA AND/OR REQUESTED LANGUAGE**

*Please check any of the following that may apply or want to discuss with DGS buyer:*

1. Payment / Finance:

- Trade In     Financing Arrangements/G\$MART     Progress Payments     Milestone Payments

2. Bonds:

- Performance Bond     Surety Bond

3. Evaluation Criteria / Bid Submittals:

- |   |   |
|---|---|
| <input type="checkbox"/> Samples Prior to Award | <input type="checkbox"/> Resumes/References         |
| <input type="checkbox"/> Customer References    | <input type="checkbox"/> Drawings/Diagrams with Bid |

4. Special Instructions:

- |  |  |
|--|--|
| <input type="checkbox"/> Special Installation Requirements | <input type="checkbox"/> Service Requirements                                  |
| <input type="checkbox"/> Federal Excise Tax Cert w/PO      | <input type="checkbox"/> Additional Units (# _____ / _____% within _____ days) |
| <input type="checkbox"/> Other: _____                      |  |

**F. OTHER REQUESTED LANGUAGE OR PERTINENT INFORMATION:**

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