

**Checklist of Submission Requirements/Documents**

Bid #: 710-21-0027 Description: Cost Report Audits & Upper Payment Limit Date 12/11/20

Recorded by: Cheryl Johnson Read by: Kevin Brannon

Vendor's Name	Submission Requirement met	Proposal received no later than required date and time and pricing sealed separately	Original Proposal Page signed by official authorized to bind the Respondent	Original signed Agreement & Compliance Pages Sections 1, 2, 3, 4, 5	Original signed Proposed Subcontractor Form	Proposed to use sub-contractor(s)	Signed EO 98-04 Disclosure Form
Wards Consulting Svcs. LLC	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	
Michael White	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	
Myers Stauffer LLC	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no	