

Cameron County Commissioners Court Agenda Request Form

No. _____

D-W

Date: 7/31/17 Meeting Date Request: 8/15/17
Deadline for Action: _____ Contact Person: Michael Forbes
Department: Purchasing Phone: 544-0871 Fax: 550-7219
Department Head Name: Michael Forbes Signature: [Signature]

Caption:

Consideration and acknowledgment of Insurance Consultant's & Evaluation Committee's recommendation for Insurance: Voluntary (Employee Purchased) Dental - Request for Proposals # 1466D

approved Com Court 8/15/17

Background: (Briefly summarize your request, if needed use separate sheet(s) or attach supporting documentation).

Awarded to Delta Dental

PLEASE FILL IN ALL BLANKS WITH REQUIRED INITIALS AND FISCAL DATA INFORMATION OR PLACE N/A IF IS NOT APPLICABLE:

County Judge _____ Auditor _____ Budget _____ Legal _____ Human Resources AL FOR Purchasing _____
1295 Form _____

Fiscal Data: Dept. Name: _____ Fund No. _____ Funds Available: Yes ___ No ___
Funds From: Department: Yes ___ No ___ Amt. Expended: \$ _____
General: Yes ___ No ___ Impact on future budget: Yes ___ No ___
Grant: Yes ___ No ___

Comments:

Action taken by Commissioners' Court
Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote _____

EVALUATION SHEET

RFP# 1466D

INSURANCE:VOLUNTARY (EMPLOYEE PURCHASED) - DENTAL

EVALUATOR'S SIGNATURE: *C.D. / Larkin*

EVALUATOR'S SIGNATURE: *Walter Harte*

EVALUATOR'S SIGNATURE: *[Signature]*

EVALUATOR'S SIGNATURE: *[Signature]*

EVALUATOR'S SIGNATURE: *[Signature]*

The Evaluation Committee's recommendation is: DELTA DENTAL