**ATTACHMENT 1. NO BID/PROPOSAL NOTICE/VENDOR FEEDBACK FORM**

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| --- | --- |
| **Solicitation Title:** |  |
| **Solicitation Number:** |  |
| **Name of Company/Firm (Bidder/Offeror):**  |  |

To help us improve the quality of State solicitations, and to make our procurement process more responsive and business friendly, please provide comments and suggestions regarding this solicitation. Please return your comments with your response. If you have chosen not to respond to this solicitation, please email or fax this completed form to the attention of the Procurement Officer (see Key Information Summary Sheet below for contact information).

1. If you have chosen not to respond to this solicitation, please indicate the reason(s) below:

 Other commitments preclude our participation at this time

 The subject of the solicitation is not something we ordinarily provide

 We are inexperienced in the work/commodities required

 Specifications are unclear, too restrictive, etc. (Explain in REMARKS section)

 The scope of work is beyond our present capacity

 Doing business with the State is simply too complicated. (Explain in REMARKS section)

 We cannot be competitive. (Explain in REMARKS section)

 Time allotted for completion of the Bid/Proposal is insufficient

 Start-up time is insufficient

 Bonding/Insurance requirements are restrictive (Explain in REMARKS section)

 Bid/Proposal requirements (other than specifications) are unreasonable or too risky (Explain in REMARKS section)

 MBE or VSBE requirements (Explain in REMARKS section)

 Prior State of Maryland contract experience was unprofitable or otherwise unsatisfactory. (Explain in REMARKS section)

 Payment schedule too slow

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If you have submitted a response to this solicitation, but wish to offer suggestions or express concerns, please use the REMARKS section below. (Attach additional pages as needed.)

REMARKS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_