

**FORM 4D1**  
**BID/CONTRACT APPROVAL**  
 (Professional Services)

Subrecipient: \_\_\_\_\_

Project Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

Contract Award Amount: \$ \_\_\_\_\_ Project Award Amount: \$ \_\_\_\_\_

Bid Opening Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Authorization to Incur Grant Costs Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

REQUIREMENT	COMPLETED (X)
Made affirmative efforts to obtain a bid or bids from minority contractors.	
Copy of Affidavit of Publication, RFP, or other proof of efforts made to contact contractor (attached).	
Copy of the three lowest bid proposals (attached).	

<b>*LOWEST BIDDER:</b>	Amount: \$ _____
ADDRESS: _____	
DUN's Number: _____	
<b>#2 BIDDER:</b>	Amount: \$ _____
ADDRESS: _____	
<b>#3 BIDDER:</b>	Amount: \$ _____
ADDRESS: _____	

*\*If chosen bidder is not the lowest bidder, please attach a letter of explanation.*

**Place an (X) by the services to be administered by this servicer:**

- |                                                                                                                          |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Accounting<br><input type="checkbox"/> Administrative<br><input type="checkbox"/> Architectural | <input type="checkbox"/> Consultant<br><input type="checkbox"/> Engineering<br><input type="checkbox"/> Legal |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

SUBRECIPIENT OR REPRESENTATIVE: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Title: \_\_\_\_\_

Approved by Cook County: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Debarment Record Status "Active" (Yes or No): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_