TO BE COMPLETED BY COUNTY PERSONNEL ONLY *(for original STA only)*

☐ Supplemental Task Authorization #: _____

Scope of Professional Services for:

Section 1.00 Vendor Selection Justification *(Required for all selections made from the master contract pool of vendors)*

Department must explain why the selected vendor was chosen over other vendors in the pool. Provide a summary of evaluation criteria used, vendor qualifications and relevant experience, analysis, any unique capabilities or value-added services, and justification of why this vendor is most qualified.

Exhibit E Completed by: _____