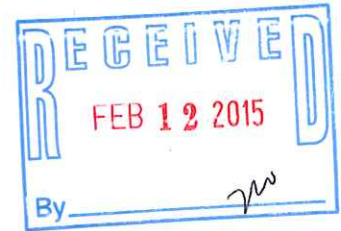




Hidalgo County Purchasing Department
 2812 S. Business Highway 281
 New Administration Building
 Edinburg, Texas 78539
 (956) 318-2626/ Fax: (956) 318-2629



MEMORANDUM
 (Department's Recommendation)

TO: Esther Cortez, HR Director
 Roy Quintanilha, Safety Director

FROM: Yolanda Z. Velasquez Buyer III
 Hidalgo County Purchasing Department

DATE: February 11, 2015

RE: BID AWARD RECOMMENDATION REQUEST
 Bid No. 2015-022-02-11-for **HIDALGO COUNTY-"DRUG AND ALCOHOL TESTING FOR HIDALGO COUNTY EMPLOYEES"**

We have received **three (3) responses** to the above mentioned project. Enclosed you will find a copy of the tabulation sheet along with copies of the bid responses for your review and recommendation.

We would like to present your recommendation on the next Commissioner's Count Meeting; therefore, we need your response no later than **TUESDAY, FEBRUARY 17, 2015 @ 10:00 a.m.** to be able to present to Commissioner's Court on next Commissioners' Court Meeting. Please indicate your recommendation or any concerns on the space provided below and reply to the Purchasing Department **via fax to (956)-318-2629 or via email to: yolanda.velasquez@co.hidalgo.tx.us**

Should you have any questions or require further information please do not hesitate to call me at 318-2626- ext. 4881. Thank you for your attention and cooperation to this matter.

AWARD TO VENDOR(S):	RECOMMENDATION (BASIS)
1. NTC Drug testing	more Location & pricing
2. The Center of Industrial	not enough locations & higher prices
3. Norton Medical	out of CA

Please include the budget account number(s) for the above reference project.

Budget Acct No.: _____

	NEREIDA GARZA	Human Resources	2/12/15
AUTHORIZED SIGNATURE	PRINTED NAME	DEPARTMENT	DATE



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AWARD TO VENDOR(S):	RECOMMENDATION (BASIS)
1. <i>NTC Drug Testing</i>	<i>Price / Locations / Result Times</i>
2.	
3.	

Please include the budget account number(s) for the above reference project.

Budget Acct No.: 1100.419.50.125.003.0.339

	<i>Roy Quintanilha</i>	<i>Safety</i>	<i>2-13-15</i>
AUTHORIZED SIGNATURE	PRINTED NAME	DEPARTMENT	DATE