

BID ABSTRACT

DEPT/PROJECT NO: **HR / PUR 15-028**

BID OPENING DATE: **JANUARY 21, 2016**

BID TITLE: **RFP FOR MEDICAL PLAN OPTIONS**

ESTIMATE: _____

For information regarding this project, please contact Tami Matuska at (209) 937-8865 or Concepcion Gayotin at (209) 937-8712 the day following the bid opening.

No.	Bidder	Affirm Action	Bond	Check			
1.	Blue Shield of CA						
2.	Sutter Health Plus						
3.	JAN 28 16 PM 2:02						
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

ACCOUNT NUMBER (PUBLICATION): 552-5510-572.20-34

ACCOUNT NUMBER (STAFF): 552-5510-572.20-34

CONTRACT AWARDED TO: _____

COUNCIL MEETING DATE: _____

MOTION/RESO #: _____

UNSUCCESSFUL BONDS RETURNED: _____

CONTRACT #: _____ OB Doc #: _____

SUCCESSFUL BOND RETURNED: _____

Note: Affirmative Action required for federally funded projects only

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