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| --- |
| **Products/Services Provided** |
| Click or tap here to enter text. |
| **Requirements of the Provider** |
| Click or tap here to enter text.  *Quality of service/product?*  *Timely service/delivery?*  *Customer service?*  *Technical support?*  *Cost of service/product?*  *Accreditation?*  *Geographical location?*  *Etc.* |
| **Criteria Used to Evaluate Provider** |
| Click or tap here to enter text.  *Consumer Reports?*  *Past experience?*  *Testing/evaluation of product/service?*  *Etc.* |
| **Criteria Used to Select Provider** |
| Click or tap here to enter text.  *Quality of service/product?*  *Timely service/delivery?*  *Customer service?*  *Technical support?*  *Cost of service/product?*  *Lowest bidder?*  *Government contract?*  *Accreditation?*  *Geographical location?*  *Consumer Reports?*  *Past experience?*  *Testing/evaluation of product/service?*  *Scoring matrix?*  *Etc.* |
| **Considerations** |
| Click or tap here to enter text. |

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| --- | --- |
| **Reviewed by:** |  |

|  |  |
| --- | --- |
| **Approved to use by:** |  |
| **Title of approver:** |  |
| **Date approved:** |  |

**OR**

|  |  |
| --- | --- |
| **Provider denied for use by:** |  |
| **Title of denier:** |  |
| **Denial effective date:** |  |