

RFP 2020-057 Wireless Digital Radiography Flat Panel Detector

Criteria	Max Score	AWARD				
		First Source Inc. Rochester, NY HUB-No Co-Op-Yes	X-Ray Sales and Service Fort Worth, TX HUB-No	Southwest X-Ray Co. Dallas, TX HUB-No	Salus Medical Products Indianapolis, IN HUB-No	Industrial Surplus and Salvage Chino, CA HUB-No
Qualifications and Experience	150	120	150	150	90	10
System Specifications	400	400	400	400	320	40
Vendor Reference	150	120	110	120	90	0
Price	300	180	156	102	183	300
Total	1000	820	816	772	683	350

NO BIDS:

CARESTREAM

CANON MEDICAL SYSTEMS USA INC



TAKINGS IMPACT ASSESSMENT CHECKLIST

Complete this form for any county action that involves the adoption of a regulation, policy, guideline, court resolution or order.

Project/Regulation Name: _____ RFP No. 2020-057, WIRELESS DIGITAL RADIOGRAPHY FLAT PANEL DETECTOR

County Department: _____ PURCHASING

Contact Person: _____ Jack Beacham, C.P.M., A.P.P.

Phone Number for Contact Person: _____ (817) 884-1133

Type of TIA Performed: SHORT TIA or FULL TIA. Circle one after answering the questions in Sections II and III below.

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I. Stated Purpose

Attach to this checklist an explanation of the purpose of the regulation, policy, guideline, court resolution or order.

Note: The remainder of this Takings Impact Assessment Checklist should be completed in consultation with the Criminal District Attorney's Office.

II. Potential Effect on Private Real Property

1. Does the county action require a physical invasion, occupation or dedication of real property?

Yes _____ No ✓

2. Does the county action limit or restrict a real property right, even partially or temporarily?

Yes _____ No ✓

If you answered yes to either question, go to Section III. If you answered no to both, STOP HERE and circle SHORT TIA at the top of the form.
