*This Exhibit is available as a fillable e-form. To request the e-form, please contact the County contact listed in Paragraph 8.2 of the RFQ.

EXHIBIT 1

REQUEST FOR QUALIFICATIONS (RFQ) TRANSMITTAL TO REQUEST A REQUIREMENTS REVIEW

Proposer requesting a Requirements Review must submit this form to the County within the timeframe identified in the RFQ document.

Respondent Name:	Date of Request:
RFQ Title:	RFQ No.:
A Requirements Review is being requested because Respondent as being unfairly disadvantaged for the following reason(s): <i>(check all that)</i>	
☐ Application of Minimum Mandatory Requirements	
Application of Review Criteria	
Due to unclear instructions, the process may result in the County not receiving the	
best possible responses	
Request submitted by: (Name) (Title)	
For County use only	
Por County use only	
Date Transmittal Received by County: Date Solicita Released:	tion
Reviewed by:	