

NOTICE OF INTENT TO AWARD

| Solicitation Title/Event Name: | |
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| Solicitation No/Event ID: | |
| Solicitation Posted Date: | |
| Solicitation Close/ Event End Date: | |
| Issuing Officer: | |
| Issuing Officer Contact Information: | |
| ADDA DENT GUGGEGGEVI AUGUNDADAG | AWARD AMOUNT |
| APPARENT SUCCESSFUL OFFEROR(S) | AWARD AMOUNT |
| | |
| | |
| UNSUCCESSFUL OFFEROR(S) | REASONS |
| UNSUCCESSFUL OFFEROR(S) Notes: | REASONS |
| | REASONS |