**استمارة المراجعة الداخلية وتقييم البدائل  
لطلبات الشراء المتعلقة بتقنية المعلومات**

Please Make sure to download the latest version of the form available on:

[https://nea.gov.bh/docs](%20https:/nea.gov.bh/docs)

|  |  |  |  |
| --- | --- | --- | --- |
| **معلومات طلب الشراء   PR Information** | | | |
|  | **التكلفة الكلية**  **Total Cost** |  | **اسم الطلب  Request Name** |
|  | | | **اسم الجهة**  **Entity Name** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ملاحظات وتوصيات فريق تقنية المعلومات**  **IT Comments & Recommendations** | | | | | |
|  | | | | | |
| **Declaration:**  This is to confirm that the information and documents submitted along with this form have been reviewed by the IT Section / Directorate, and alternative solutions have been considered in order to reach the most suitable solution for the entity, and I have no objection to proceed with this request. | | | | **إقرار:**  تم مراجعة الطلب ومرفقاته من قبل قسم / إدارة تقنية المعلومات مع دراسة البدائل المتاحة للوصول للحل الأنسب للجهة الحكومية، ولا مانع لدي من اعتماد الطلب. | |
|  | **التاريخ**  Date |  | **التوقيع** Signature |  | **مدير / رئيس تقنية المعلومات**  IT Director / Chief |

## **Recurrent Options Evaluation**

**This section is mandatory only for requests above 50K BHD.**

< Describe in this section all the possible options for the delivery of recurrent scope & specify the most preferable option with justification >

|  |  |
| --- | --- |
| **Option 1** | <description of option 1> |
| **Option 2** | <description of option 2> |
| **Option 3** | <description of option 3> |

**Table 1 : Options Description**

<Use the below table to set screening criteria that will be used as a basis to evaluate the options. At the end please provide estimated cost for each option. >.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Pre-defined Screening Criteria** | **Option  1** | **Option  2** | **Option  3** | **Risk(s) for not proceeding with the procurements** |
|  | Meets Business Requirements |  |  |  |  |
|  | Meets the required time frame for delivery |  |  |  |
|  | Cost effective |  |  |  |
|  | Aligned with the government standards and polices |  |  |  |
|  | Matches the level of available skills that are required for successful delivery |  |  |  |
|  | <Other criteria > |  |  |  |
| Estimated Investment Cost\* | |  |  |  |
| Estimated Running Cost\* | |  |  |  |
| **Total Estimated Cost (BHD)** | |  |  |  |
| **Preferred Option \*\*** | | Please Select | Please Select | Please Select |

**Table 2 : Options Evaluation**

*\* Please provide supporting document to demonstrate the estimation basis with cost breakdown. Estimates should cover a total of 5 years of operation.*

*\*\* Please rank the options based on preference, 1 being the most preferred option.*