 Purchasing Checklist and Competitive Sourcing Form

 *(Sponsored Transactions in excess of $250K)*

Requestor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requestor’s UNI: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requisition or Purchase Order Number (if available/applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To comply with University Purchasing Policy, Uniform Guidance and other government regulations, completion of this Purchasing Checklist and Bid Summary Form is required for all transactions $250K or greater when using non-UwPA suppliers. This form must be completed and sent to the Purchasing Department with all supporting documentation upon completion of a Purchase Requisition or PO. Failure to do so will delay the processing of your transaction and potentially rejected back to the requestor for reprocessing.

***Note: If Sole/Single source justification is being requested please proceed to completing the on-line Sole/Single Source form. This form is not required.***

**SECTION I**

FEDERAL FUNDS? YES \_\_\_ NO \_\_\_ OTHER SPONSORED FUNDS? YES \_\_\_ NO \_\_\_

Briefly describe the goods and/or services being procured:

If applicable, list at least three (3) competitive quotations/proposals solicited and received: Circle or mark the number indicating your chosen supplier. Please be sure to provide documented quotes/bids/proposals in accordance with the Competitive Procurement Policy located at <http://policylibrary.columbia.edu/competitive-procurement>.

 Supplier Name Items/Services Price Shipping Cost Payment for and/or Total Order Price

 plus any other charges &/ FOB Point \* Discount Terms \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

 *(\* i.e. $350/Dest (\* i.e. 2%10 Net30*

*or $350/Origin) or 10% Edu.)*

Explain criteria for supplier selection. Use either the price or cost analysis templates available on the Purchasing website to provide the required financial information to support your supplier selection. *(please attach copies of quotes/proposals received, as required)*

Check the reason that you chose this supplier or Service Provider:

\_\_ Supplier was the low bidder

\_\_ Supplier provided the best evaluated responsible offer (other than low bidder) – provide evaluation criteria

\_\_ Supplier establishes or maintains an essential research, development or engineering capability (requires a completed sole/single source)

\_\_ Supplier specifically identified within Sponsor non-competitive letter – provide verification (requires a completed sole/single source)

\_\_ Supplier/consultant is the only manufacturer/provider of this good or service (requires a completed sole/single source)

\_\_ Compatibility with other components of a system already in operation – identify existing items (directed source) \*

\_\_ Other \*

\* Requires explanation; attach supporting documentation:

Price/Cost Analysis Based on: *(check all that apply and provide supporting documentation in all cases)*

\_\_ Adequate price competition (provide price analysis) \_\_ Catalog/Market Pricing (provide copies/prints of pricing)

\_\_ Comparison to in-house estimate\* \_\_ Comparable Customer's Invoice (provide documents)

\_\_ Comparable to Price Sold to Fed. Gov’t \_\_ Historical pricing (Provide previous PO#)

\_\_ Comparison to similar items\* \_\_ Cost Analysis (provide cost analysis worksheet)

\_\_ Award specifically identifies item/person and price

Summary of analysis; attach supporting documentation ***(use Competitive Sourcing Price Summary Form)*:**

Any negotiations should be documented below:

Supplier Quotation Estimated Price Negotiated Price Savings

(Quotation less Negotiated)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Negotiation Summary: (If estimate not met, explain difference)

Note: If federal government funds are being used and the order is over $250,000, FAR Part 19.702 requires that certain types of small businesses (i.e., disadvantaged, women-owned, veteran-owned, service disabled veteran-owned and HUBZone) shall have the maximum practicable opportunity to participate in contract performance consistent with its efficient performance. Were any of the following groups solicited *(circle all that apply)*?

Small Disadvantaged HUBZone Women-owned

YES \_\_\_ NO \_\_\_

Veteran-owned Service Disabled Veteran-owned

If not solicited, explain why not:

If solicited and not chosen, explain why not:

Department Approval Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*(other than Preparer)*

Purchasing Department Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_