

FEDERAL PURCHASING CHECKLIST

This form must be completed only if funds are being expensed from a Federally funded grant award. If you have any questions concerning this section, please contact the Grants Accountant in the Business Office.

Grant Name _____ Account Number: _____

Item to Purchase: _____ Amount of Purchase: \$ _____

SELECT ONE CATEGORY FOR THIS PURCHASE:

_____ **Micro-Purchase (Less than \$3,500)**

_____ No competitive quotes required.

_____ Additional purchases must be spread out among qualified suppliers.

_____ **Small Purchase (\$3,500 - \$150,000)**

_____ Quotes MUST be obtained from a minimum of THREE qualified sources.

_____ Quotes can be obtained directly from the supplier or from public website.

_____ Complete and attach Price Analysis form.

_____ **Sealed Bids (\$150,000+)**

_____ Lowest bid must be awarded if meets all qualifications.

_____ 2 or more qualified bidders.

_____ Publicly advertised.

_____ Complete and attach Price Analysis form.

_____ **Competitive Proposals (FIXED price \$150,000+)**

_____ Attach written policy that was used for conducting evaluation of proposals.

_____ Factors such as quality, timeliness and capability must be considered.

_____ A minimum of TWO proposals must be obtained from qualified vendors.

_____ Complete and attach Price Analysis form.

_____ **Sole Source (any amount, MUST meet at least ONE of the following)**

_____ Good/service is only available from single source

_____ Only one source can provide the good/service within the required timeframe

_____ Written pre-approval has been received from Federal Agency

_____ Competition is deemed inadequate after solicitation attempts through other methods.

VENDOR ELIGIBILITY:

When a non-Federal entity enters into a covered transaction with an entity at a lower tier, the non-Federal entity must verify that the entity, as defined in 2 CFR section 180.995 and agency adopting regulations, is not suspended or debarred or otherwise excluded from participating in the transaction.

_____ Vendor has been deemed eligible using the System for Award Management (WWW.SAM.GOV).

_____ I acknowledge that I have reviewed this purchase for allowability under the grant terms and conditions, as well as the Uniform Administrative Requirements, Cost Principles, and Audit Requires for Federal Awards (2CFR 200)

PI/Program Director Signature

Date

SOUTHEASTERN UNIVERSITY
PRICE ANALYSIS FORM

	<u>VENDOR 1</u>	<u>VENDOR 2</u>	<u>VENDOR 3</u>
VENDOR NAME:			
ADDRESS:			
CSZ:			
PHONE:			
FAX:			
EMAIL:			
CONTACT NAME:			
TITLE:			
PRICE QUOTE:			

SOURCE SELECTED: _____ _____ _____

Please provide a brief narrative describing the basis of the source selection:

_____ **Awarded vendor's signed quote is attached.**

Conflict of Interest:

A conflict of interest would arise when an employee, officer or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a business or it's representatives considered for a purchase.

I certify by my signature below, that to the best of my knowledge, there is no conflict of interest with the selection of the vendor selected above.

 PI Signature Date

 Department Head Date