

FEDERAL FUNDED PROCUREMENT CHECKLIST

To comply with Crow Wing County's Federal Procurement Standards Policy, 2 CFR 200 Uniform Guidance, and other contractual requirements, completion of this form should be completed when applicable for the procurement of commodity, construction and biddable services. Professional services of more than \$50,000 must be approved by the County Board and completion of this form is not applicable.

This form must be retained by the Project Manager with all supporting documentation upon completion of the purchase.

Project Name and Code: _____

Describe the goods and services being procured:

SELECT WHICH METHOD OF PROCUREMENT YOU ARE FOLLOWING:

Small Purchase

(between \$1 - \$100,000)

List the two quotations/proposals solicited and received.

	<u>Vendor/Contractor Name</u>	<u>Item/Service</u>	<u>Total Cost</u>	<u>Other Consideration:</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____

Simplified Acquisition

(> \$100,001)

Reference: CRF 200.320 as your guide for additional procurement requirements

Competitive Proposal process used Sealed Bid process used

List the three bids/proposals solicited and received.

	<u>Vendor/Contractor Name</u>	<u>Item/Service</u>	<u>Total Cost</u>	<u>Other Consideration:</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Check the reason you chose this vendor/contractor for this purchase:

- Vendor/contractor was the lowest bidder.
- Vendor/contractor provided the best evaluated responsible offer (other than low bid).*
- Vendor/contractor establishes or maintains essential research, development, or technical capacity. *
- Compatibility with other components of a system already exist.*
- Only vendor/contract that meets pre-established performance characteristics.*
- Vendor/contractor specifically identified within award documentation.*
- Other. *

* REQUIRES EXPLANATION. Also, attach any/all supporting documentation.

Price/Cost Analysis based on:

- | | |
|---|--|
| <input type="checkbox"/> Adequate price competition | <input type="checkbox"/> Comparison to similar items * |
| <input type="checkbox"/> Catalog/market pricing | <input type="checkbox"/> Cost/benefit analysis * |
| <input type="checkbox"/> Historical pricing | <input type="checkbox"/> Award specifically identifies |
| <input type="checkbox"/> Other. * | |

* REQUIRES EXPLANATION. Also, attach any/all supporting documentation.

Sole Source

- | |
|--|
| <input type="checkbox"/> Item/service only available from this source.* |
| <input type="checkbox"/> An unusual and compelling urgency precludes full and open competition.* |
| <input type="checkbox"/> Vendor/contractor is the only provider of this good or service.* |
| <input type="checkbox"/> Other. * |

* REQUIRES EXPLANATION. Also, attach any/all supporting documentation.

2 CRF Part 200 requires that Crow Wing County takes affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.

Were any of the following groups solicited for this purchase?

- | | | |
|--|--|---|
| <input type="checkbox"/> Small | <input type="checkbox"/> Women-owned | <input type="checkbox"/> Service disabled |
| <input type="checkbox"/> Disadvantaged | <input type="checkbox"/> Veteran-owned | |

If not solicited, explain why not:

If solicited and not selected, explain why not:

- Suspension/Debarement checked online (<https://www.sam.gov>)

Name of vendor/contractor selected for work: _____

- | | |
|--|--|
| <input type="checkbox"/> Contract/agreement executed | |
| <input type="checkbox"/> Form W-9 rec'd | <input type="checkbox"/> Insurance certificate rec'd |

Date

Preparer Print & Sign: _____

Project Manager Print & Sign: _____