



Maple Run Unified School District COST ANALYSIS PROCUREMENT FORM

Please complete all sections 1 through 4 if applicable.

1. Procurement Method (Check one):

Micro Purchase: Up to \$40,000.

Small Purchase: Any purchase above Micro Purchase threshold up to \$250,000 must include at least 2 quotes from different vendors (attach copies).

If purchase is over \$40,000, please contact the Business Office to ensure the VT Bid Law is followed.

Non-competitive: Indicate reason why.

If purchase is over \$40,000, please contact the Business Office to ensure the VT Bid Law is followed.

The goods/services are only available from a single source.

Public emergency

The Vermont AOE expressly authorized noncompetitive proposal in response to a **written** request.

After solicitation of a number of sources, competition is determined inadequate.

Sealed Bid (State law requires for some purchases over \$40,000)

If purchase is over \$40,000, please contact the Business Office to ensure the VT Bid Law is followed.

Proposal

If purchase is over \$40,000, please contact the Business Office to ensure the VT Bid Law is followed.*

Note: For child nutrition non-food purchases, the VT Bid law starts at \$25,000.

2. Vendor Cost/Price Comparison (does not apply to micro-purchase method):

| | | |
|-----------------|--------|----------|
| Vendor #1 _____ | Amount | \$ _____ |
| Vendor #2 _____ | Amount | \$ _____ |
| Vendor #3 _____ | Amount | \$ _____ |

3. Reasons for Vendor Selection: Required for all purchases.

_____ was selected for the following reason (mark all that apply):

Name of Vendor Selected _____

| | | |
|---|---|---|
| <input type="checkbox"/> Lowest Price | <input type="checkbox"/> Availability | <input type="checkbox"/> Research |
| <input type="checkbox"/> Location (venue) | <input type="checkbox"/> Bid Process | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Expertise | <input type="checkbox"/> State Contract | <input type="checkbox"/> Purchase History |
| <input type="checkbox"/> Follow Up | <input type="checkbox"/> Accessibility | |
| <input type="checkbox"/> Capability | <input type="checkbox"/> Reputation | |
| <input type="checkbox"/> Continuity of Services | <input type="checkbox"/> Other | |

4. Check SAM.GOV to be sure vendor has not been suspended/debarred from receiving federal funds.

Required for all purchases. Attach print out and initial here: _____

Signature of individual who completed procurement. _____
Date