



Purchases of goods or services with a value greater than \$5,000 require the procurement of no less than three (3) written bids/proposals (see policy 405.101P: Purchasing and 405.102P: Competitive Bidding). Using this form, purchasers will analyze the information received from each bidder and justify the selection of the winning vendor.

Complete Sections 1-3 or only Section 4, then complete Sections 5 and 6.

Section 1: Preparer Information

Employee Name

Email

Phone

Department

GL Account Number(s) for this Transaction

Budget Manager

Dean (if applicable)

Divisional VP/Executive Director

Section 2: Bid Overview

Project Name: _____

Description of goods/services requested (fill box below or attach specifications sent to bidders):

Explanation of need for the good(s)/service(s):

Section 3: Bid Analysis (mark the box next to the winning bid)

Bid#1

Vendor Name _____ Vendor Contact _____

Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

Checklist (complete and initial all sections)

_____ **Price:**

Total proposed price: \$ _____

Negotiated for best available price?

Early or auto payment discount available? Yes No

 Payment requirements to receive discount:

Non-profit discount available? Yes No

_____ **Payment Method** (Options below are listed in order of University preference.)

- Credit Card (no service fee)
- Invoice/Direct Bill

_____ **Payment Terms** (# days by which the University must pay the invoice)

If no purchase discount was available, negotiate the longest payment terms available (must be less than 90 days).

Terms:

_____ **Shipping or Delivery Terms**

Free shipping/delivery available? Yes No

_____ **Sales Tax Exemption:** Vendor has been notified of University's tax-exempt status.

_____ **Property Tax Exemption**

- Property taxes are not included in this purchase.
- Vendor would not negotiate to exclude property tax from purchase.

_____ **Vendor Insurance (for services):** Vendor is appropriately covered and required certificates sent to the Director of Business Services (contact Administrative Services or the Director of Business Services with insurance questions).

- General Liability Insurance (\$1,000,000 per event; \$2,000,000 aggregate)
- Workers' Compensation Insurance (\$500,000) **OR** Single-Employee Company; WC not required.
- No coverage* – explain:

*NOTE: Except in rare cases, lack of general liability coverage will disqualify a service vendor from use by the University. Exceptions to this policy must be approved **in writing** by the Vice President for Administration and attached to this form.

_____ **Construction Only: Retention/Performance Bond**

University policy requires that for each construction project a payment retention fund be established **or** a performance bond obtained.

- Retention Fund:
 Amount: \$ _____ GL Account: _____
- Performance bond obtained

_____ **Construction Only: Builder's Risk Insurance**

The university strongly prefers to procure its own builder's risk coverage.

Party responsible for builders risk coverage: University Vendor

If vendor insists on supplying coverage, list vendor's provider: _____

Vendor's coverage documents attached.

_____ **Timeliness**

Vendor is able to meet the timelines (if any) established in the bid specs? Yes No

_____ **Quality**

Product(s)/Services offered meet quality standards established in the bid specs? Yes No

_____ **Maintenance (if applicable; if not applicable, mark N/A on the initial line)**

Vendor will be able to provide maintenance for the length of the contract? Yes No

Additional costs for maintenance? Yes No

\$ _____

_____ **Customer Service**

Vendor provided satisfactory customer service during the bid process? Yes No

Preparer believes customer service will be satisfactory if chosen? Yes No

If no, explain:

Vendor Pros:

Vendor Cons:

Comments:

If this is the chosen bid, other factors that influenced the decision:

Bid#2

Vendor Name		Vendor Contact	
Phone	Fax	Email	
Address	City	State	Zip

Checklist (complete and initial all sections)

_____ **Price:**

- Total proposed price: \$ _____
- Negotiated for best available price?
- Early or auto payment discount available? Yes No

Payment requirements to receive discount:

- Non-profit discount available? Yes No

_____ **Payment Method** (Options below are listed in order of University preference.)

- Credit Card (no service fee)
- Invoice/Direct Bill

_____ **Payment Terms** (# days by which the University must pay the invoice)

If no purchase discount was available, negotiate the longest payment terms available (must be less than 90 days).

Terms:

_____ **Shipping or Delivery Terms**

- Free shipping/delivery available? Yes No

_____ **Sales Tax Exemption:** Vendor has been notified of University's tax-exempt status.

_____ **Property Tax Exemption**

- Property taxes are not included in this purchase.
- Vendor would not negotiate to exclude property tax from purchase.

_____ **Vendor Insurance (for services):** Vendor is appropriately covered and required certificates sent to the Director of Business Services (contact Administrative Services or the Director of Business Services with insurance questions).

- General Liability Insurance (\$1,000,000 per event; \$2,000,000 aggregate)
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- Retention Fund:
Amount: \$ _____ GL Account: _____
- Performance bond obtained

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Party responsible for builders risk coverage: University Vendor

If vendor insists on supplying coverage, list vendor's provider: _____

Vendor's coverage documents attached.

_____ **Timeliness**

Vendor is able to meet the timelines (if any) established in the bid specs? Yes No

_____ **Quality**

Product(s)/Services offered meet quality standards established in the bid specs? Yes No

_____ **Maintenance (if applicable; if not applicable, mark N/A on the initial line)**

Vendor will be able to provide maintenance for the length of the contract? Yes No

Additional costs for maintenance? Yes No

\$ _____

_____ **Customer Service**

Vendor provided satisfactory customer service during the bid process? Yes No

Preparer believes customer service will be satisfactory if chosen? Yes No

If no, explain:

Vendor Pros:

Vendor Cons:

Comments:

If this is the chosen bid, other factors that influenced the decision:

Bid#3

Vendor Name		Vendor Contact	
Phone	Fax	Email	
Address		City	State Zip

Checklist (complete and initial all sections)

_____ **Price:**

- Total proposed price: \$ _____
- Negotiated for best available price?
- Early or auto payment discount available? Yes No

 Payment requirements to receive discount:

- Non-profit discount available? Yes No

_____ **Payment Method** (Options below are listed in order of University preference.)

- Credit Card (no service fee)
- Invoice/Direct Bill

_____ **Payment Terms** (# days by which the University must pay the invoice)

If no purchase discount was available, negotiate the longest payment terms available (must be less than 90 days).

Terms:

_____ **Shipping or Delivery Terms**

Free shipping/delivery available? Yes No

_____ **Sales Tax Exemption:** Vendor has been notified of University's tax-exempt status.

_____ **Property Tax Exemption**

- Property taxes are not included in this purchase.
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_____ **Timeliness**

Vendor is able to meet the timelines (if any) established in the bid specs? Yes No

_____ **Quality**

Product(s)/Services offered meet quality standards established in the bid specs? Yes No

_____ **Maintenance (if applicable; if not applicable, mark N/A on the initial line)**

Vendor will be able to provide maintenance for the length of the contract? Yes No

Additional costs for maintenance? Yes No

\$ _____

_____ **Customer Service**

Vendor provided satisfactory customer service during the bid process? Yes No

Preparer believes customer service will be satisfactory if chosen? Yes No

If no, explain:

Vendor Pros:

Vendor Cons:

Comments:

If this is the chosen bid, other factors that influenced the decision:

Section 4: Sole Source or Selected Source Bid (select one)

- Sole Source:** No other known vendor; good/service obtainable only through exclusive supplier; no comparable items available.
- Selected Source:** Alternative vendors exist, but specific vendor selected based on factors described below. One of the following conditions must apply.
 - Good/service must match or be compatible with existing good/service
 - Maintenance or continuation of existing product or contract/agreement.
 - Emergency requirement
 - Contract for specialized professional, technical, or artistic services
 - Strategic partnership
 - Requirement of grant/sponsorship
 - Other:

Explain **in detail** your sole/selected source justification. Attach additional pages if necessary.

Sole/Selected Source Vendor Information:

Vendor Name		Vendor Contact	
Phone	Fax	Email	
Address	City	State	Zip

Checklist (complete and initial all sections)

_____ **Price:**

- Total proposed price: \$ _____
- Negotiated for best available price?
- Early or auto payment discount available? Yes No

Payment requirements to receive discount:

_____ Non-profit discount available? Yes No

_____ **Payment Method** (Options below are listed in order of University preference.)

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Quality

Product(s)/Services offered meet quality standards established in the bid specs? Yes No

Maintenance (if applicable; if not applicable, mark N/A on the initial line)

Vendor will be able to provide maintenance for the length of the contract? Yes No

Additional costs for maintenance? Yes No

\$ _____

Customer Service

Vendor provided satisfactory customer service during the bid process? Yes No

Preparer believes customer service will be satisfactory if chosen? Yes No

If no, explain:

Section 5: Compliance and Conflict of Interest Certification

- I certify that the information above is correct to the best of my knowledge.
- I certify that this purchase is in compliance with all University purchasing policies and standards of business conduct.
- I certify that neither I, any member of my family, nor any member of my department is an employee of the selected vendor, nor am I, any member of my family, or any member of my department related to any employee of the selected vendor; I further certify that neither I, any member of my family, nor any member of my department have a financial interest in the selected vendor or stand to gain from use of the vendor.

OR

- I hereby declare that there is a potential conflict of interest with the selection of this vendor. See disclosure on attached form 400.002F1 or 400.002F2.

Requester's Printed Name

Signature

Date

Budget Administrator's Printed Name

Signature

Date

Section 6: Next Steps

- A. Attach this form to your purchase order requisition.
- B. Attach the following items to your purchase order requisition:
 - The specifications for the bid
 - A copy of the bids received from all vendors
 - Copies of all insurance documents received from all bidders
 - Copies of all contracts/agreements related to the bid
 - All necessary conflict of interest disclosures (form 400.002F1 or 400.002F2)
- C. Keep copies of **all** bid documentation in your files for three (3) years or the life any applicable contract, whichever is longer.
- D. An electronic copy of all documentation related to the winning bid must be transmitted to Administrative Services for filing.