



Request for Grant Fund Purchase Order

Vendor Name & Address:	Date: _____
_____	Grant: _____
_____	Investment _____ (if applicable)

Complete page 2 for Federal grants

Qty	Item Number	Description	Unit Amt	Amount
		Shipping & Handling		
		Total		

*** PLEASE COMPLETE THE BACK OF THIS FORM FOR ALL PURCHASES***

By my signature below, I certify that I believe this purchase to be necessary, reasonable, included in the grant award, occurring during the grant period, and allocable to the grant. (Only applicable to Federal grants)

Signature
Name of School

**South Burlington 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. (Section 2 does not apply)

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: Over \$40,000

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

Proposal: Over \$40,000 for A&E services

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

Lowest Price

Availability

Research

Location (venue)

Bid Process/State Contract

Experience

Expertise

Accessibility

Purchase History

Follow Up Capability

Reputation

Continuity of Services

Other (define) _____

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