



UC PROCUREMENT SERVICES
SOURCE SELECTION & PRICE REASONABLENESS JUSTIFICATION FORM
 Federal Contract purchases $\geq \$15,000$
 Federal Grant/Cooperative Agreement purchases $\geq \$50,000$
 Non-Federal purchases $\geq \$100,000$

This document must be completed by the requesting Department for federally funded contract purchases $\geq \$15,000$ (including tax and shipping), federally funded grant/cooperative agreement purchases $\geq \$50,000$ (including tax and shipping), and non-federally funded purchases $\geq \$100,000$ (excluding tax, but including shipping). Locations are strongly encouraged to seek competition even in cases where goods and/or services are exempt from the requirement to competitively bid.

Requisition #: _____ Dollar Amount: _____
 Desired Supplier: _____ Campus Department: _____

I. SOURCE SELECTION (REQUIRED): Check the applicable box from one of the funding sections below. For mixed funding where the federal portion exceeds the above thresholds, check Federal side only.

Federal Funds:

- ☐ New or Existing Formal Competitive Bid/Contract# _____
- ☐ Competitive Proposals of $< \$100K$ (Complete II, VII, VIII)
- ☐ Sole Source (Complete III, IV, VII, VIII)
- ☐ Certified Small Business (Only $< 250K$; Complete III, VII, VIII)

Non-Federal Funds:

- ☐ New or Existing Formal Competitive Bid/Contract# _____
- ☐ Certified Small Business or DVBE (Only $< \$250k$; Complete III, VII, VIII)
- ☐ Sole Source (Complete III, IV, VII, and VIII)
- ☐ Professional/Personal Services (Complete III, V, VII, VIII)
- ☐ Actual Emergency (Complete VI, VII, VIII)

II. COMPETITIVE PROPOSALS: (Complete only if **Federal Funds: Competitive Proposals** is checked in Section I) Please use price or rate quotations from three (3) qualified sources (including your selected supplier). This section is required by 2 CFR § 200.320(a)(2)(i).

NOTE: If you are selecting the lowest-priced supplier, skip Sections III-VI. If selecting a supplier *other than the lowest-priced supplier*, write your justification in the text box below*.

Please obtain a total of 3 informal, competitive quotes. Attach copies of quotes, and complete the following:

Supplier A: _____	Price: _____
Supplier B: _____	Price: _____
Supplier C: _____	Price: _____

*If selecting other than the lowest-priced supplier, write your justification here:

III. PRICE REASONABLENESS: (Complete only if **Sole Source, Small Business/DVBE, Professional/Personal Services** is checked in Section I.) This section is required by the CA Public Contract Code 10508 and FAR provision Subpart 15.4.

- 1) **How did you determine this is a fair and reasonable price?** You must include comparison prices (actual numbers) with quotes for the same or similar items. Or, you can compare the price to historical prices paid for the same or similar items. *For the Small Business option:* include the price comparison, and attach the comparison quote from another certified small business.

- 2) ☐ (Complete only for sole-sourced **Federal non-commercial contract orders $\geq \$2,500,000$** .) FAR subsection 15.403-4 requires Suppliers to submit certified cost or pricing data. Check box if the 'UC Certified Cost or Pricing Data for Federal Contract Purchases' form (located on UCOP website) is attached.



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IV. SOLE SOURCE (Complete only if **Sole Source** is checked in Section I): Check the applicable box from one of the funding sections below. For mixed funding where the federal portion exceeds the above thresholds, check Federal side only.

Federal Funds

- ☐ One-of-a-kind
- ☐ Emergency
- ☐ Awarding Agency Approval
- ☐ No Competition (Grant and Cooperative Agreement Funds Only)

Non-Federal Funds

- ☐ One-of-a-kind/Unique
- ☐ Match existing - list UC PO# _____

Detail the unique circumstances and/or specifications that make this the **only supplier** capable of meeting your requirement and why other suppliers were not selected (i.e. specifications that didn't meet performance requirements) and include documentation.

NOTE: Pre-work with the selected supplier to customize the equipment, thereby excluding competition, is not an allowable justification. Price and brand names are not allowable justifications. For Federal funds only, geographical preferences are not an allowable justification.

V. PROFESSIONAL OR PERSONAL SERVICES (Complete only for **non-Federal Funds**): Highly specialized functions, typically of a technical nature or unique ability, performed by a supplier that is distinctly qualified to render the services. Services are of a nature that the University would consider the supplier's experience, qualifications and skills to be more important than comparative cost when selecting a supplier. Define the unique qualifications that the selected supplier will provide.



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VI. ACTUAL EMERGENCY (UNUSUAL AND COMPELLING URGENCY) (Complete only for non-Federal Funds): Failure to act immediately on this purchase might result in: significant bodily harm, significant property loss or damage, violations of law or University policies, or cause significant liability to the University or to members of the University community. Describe how you determined that this is an Urgent and Compelling situation, if checked above.

VII. CONFLICT OF INTEREST STATEMENT (REQUIRED): To the best of my knowledge, no UC employee or near relative of a UC employee is the supplier or holds more than a 10% ownership or controlling interest in the supplier OR the UC employee is exempt because he/she has teaching or research responsibilities and the goods or service is not commercial. I am the individual who has gathered and provided this detailed information and any further questions regarding these details can be directed to my attention.

I certify that this purchase will not present a conflict of interest as defined by university policy and that I have received no income, gifts or gratuities from or have an investment in this supplier. Agree ☐

If you do not agree with the above statement, please provide an explanation:

VIII. REPRESENTATION (REQUIRED): By signing below, I hereby certify the foregoing is true and correct to the best of my knowledge.

Dept. Responsible Party Signature: _____

Date: _____

Dept. Responsible Party Name: _____

Email / Phone: _____