

SOURCE SELECTION & PRICE REASONABLENESS JUSTIFICATION FORM
 For Federally-funded purchases ≥\$10,000 and non-Federally-funded purchases ≥\$100,000

This document must be completed by the requesting Department for all federally funded purchases ≥\$10,000 (including tax and shipping) & non-federally funded purchases ≥\$100,000 (excluding tax, but including shipping), to substantiate the appropriateness of source selection and price reasonableness. 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, check Federal side only.

Federal Funds:

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

Non-Federal Funds:

- New or Existing Formal Competitive Bid# _____
- Sole Source (Complete III, IV, VII & VIII)
- Professional/Personal Services (Complete III, V & VIII)
- Unusual & Compelling Urgency (Complete VI & VIII)

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

NOTE: If you are selecting the lowest-priced supplier, skip Sections IV-VI. If selecting a higher-priced supplier, state your justification in Section III.

Please obtain three (3) competitive proposals. Attach copies of comparisons and complete the following:

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

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

- 1) **How did you determine this is a fair and reasonable price?** Base price reasonableness on comparable/similar quotes or compare the price to historical prices paid for the same or similar items.

- 2) (Complete only for **Federal grant and cooperative agreement orders ≥ \$250,000** for which there is no price competition.) Per 2 CFR § 200.323 – requires Supplier profit to be discussed with Supplier and documented. This can be documented with the ‘Supplier Profit form’ (located on UCOP website) or by attaching copies of email communications with Suppliers. Check box if documentation is attached.
- 3) (Complete only for **sole-sourced Federal non-commercial contract orders ≥ \$750,000.**) 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, check Federal side only.

Federal Funds - check only one

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

Non-Federal Funds - check only one

- 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. **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. **EQUIPMENT SOURCE SELECTION** (REQUIRED for all equipment purchases):
Federally-funded equipment is subject to all UG and FAR requirements regardless of dollar amount. Please attach supporting documentation, such as Awarding Agency approval or a justification if "No" is checked below.

1) Is this purchase prior to the ninety (90) day award expiration? Yes No

VIII. **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:

IX. **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: _____