

CROW WING COUNTY PROCUREMENT CHECKLIST

****This form must be retained by the Project Manager with all supporting documentation upon completion of the purchase.****

To comply with Crow Wing County's Procurement Policy, Minnesota Statutes, Code of Federal Regulations, and other contractual requirements, completion of this form should be completed, when applicable, for the procurement of commodity, construction, and biddable services. Professional services of more than \$50,000 must be approved by the County Board and completion of this form is not applicable.

[Click here for Crow Wing County's Procurement Policy](#)

Project Name:

Project Number & Account Code:

Describe the goods and/or services being procured:

Select one of the following procurement methods you are following:

If utilizing federal funds, reference CFR 200.320 as your guide for additional procurement requirements.

[Click here for CFR 200.320](#)

☐ **Small Purchase** (between \$1 - \$175,000)

List the two quotations/proposals solicited and received.

Vendor/Contractor Name

Item/Service

Total Cost

Other Consideration:

1

2

☐ **Large Purchase** (> \$175,001)

☐ State cooperative purchasing venture used

☐ Sealed bid process used

List the three bids/proposals solicited and received.

Vendor/Contractor Name

Item/Service

Total Cost

Other Consideration:

1

2

3

Select the following reasons you chose this vendor/contractor for this purchase:

- ☐ Vendor/contractor was low bidder.
- ☐ Vendor/contractor provided best evaluated responsible offer (other than low bid).*
- ☐ Vendor/contractor establishes or maintains essential research, development, or technical capacity.*
- ☐ Compatibility with other components of a system already exists.*
- ☐ Only vendor/contract that meets pre-established performance characteristics.*
- ☐ Vendor/contractor specifically identified within award documentation.*
- ☐ Other. *

- ☐ **Sole Source** (if selected, please also select one of the following reasons)
 - ☐ Item/service only available from this source.*
 - ☐ An unusual and compelling urgency precludes full and open competition.*
 - ☐ Vendor/contractor is the only provider of this good or service.*
 - ☐ Other. *

***Requires an explanation and attach any/all supporting documentation.**

Price/Cost Analysis based on:

- ☐ Adequate price competition
- ☐ Catalog/market pricing
- ☐ Historical pricing
- ☐ Other. *
- ☐ Comparison to similar items *
- ☐ Cost/benefit analysis *
- ☐ Award specifically identifies

***Requires an explanation and attach any/all supporting documentation.**

If utilizing federal funding, 2 CFR Part 200 requires that Crow Wing County takes affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Were any of the following groups solicited for this purchase?

- ☐ Small
- ☐ Disadvantaged
- ☐ Service disabled
- ☐ Women-owned
- ☐ Veteran-owned

If not solicited, explain why.

If solicited and not selected, explain why.

- ☐ If utilizing federal funding, complete the Suspension & Debarment verification online at <https://sam.gov/>. See Suspension & Debarment Verification Process and attach documentation of verification.
[Click here for sam.gov](#)[Click here for suspension & debarment instructions](#)

Name of vendor/contractor selected for work: _____

- ☐ Contract/agreement executed and signed
- ☐ [Form W-9 received](#)
- ☐ [New Vendor Packet received](#)
- ☐ Certificate of insurance received

Preparer Print Name & Sign: _____

Date: _____

Project Manager Print Name & Sign: _____

Date: _____