



City and Borough of Sitka

GOODS >\$2,500

DATE INITIATED: _____ REQUESTED BY: _____

PROJECT NAME AND/OR DESCRIPTION OF REQUEST (Please attach if additional space is required):

Justification: _____

Required Information:

1. What is the cost of this request? \$ _____
2. Check one box and indicate name of vendor and value:

	Bid	Quote	RFP	RFQ	Exempt (See #8)
<u>Name:</u>					<u>Value:</u>
1. _____					\$ _____
2. _____					\$ _____
3. _____					\$ _____

Note: Unless exempt for competitive bidding by Section 8, this Section 2 must be completed. For purchases from \$25,000 - \$50,000 a Quote Request Form and quotes received must be attached to this form. For purchases >\$50,000 the bid decision matrix must be attached to this form.

3. Is this a fixed asset? YES NO
4. Is a new appropriation required? YES NO

Note: If "Yes" Assembly must approve a Budget Ordinance – attach documentation of Assembly Approval.

5. Source of approved funds for this request (check all that apply):

Operating **Capital** **Grant** **Other** _____

6. Account / Project Name _____

G/L / Project Number(s): _____

7. Total project/account funding: _____

8. Contingency amount remaining: _____

9. Is a competitive process required (see the CBS Purchasing Procedure for requirements)?

YES NO

Note: If "Yes" and the cost of the request is >\$50,000 then the bid decision matrix must be attached. If "No" please check the box for the reason why a competitive bid is not required and provide justification above. [Department Director must also initial the box]. Please state which item below from the Sitka General Code applies (section 3.16.060 "Exception to competitive requirements"):

Sole Source **Emergency** **Specialized Equipment** **Interagency/Gov Contract**
Other _____

10. Define the required payment terms (such as ‘net 30’): _____

11. Will a portion of this Purchase be billed to a Grant/Loan? **YES** **NO**
 Granting/Loan Agency: _____

Note: If “Yes” then the signature approval list must include the Grant Accountant to ensure that any special contracting requirements are stated and complied with.

12. Will this purchase follow all CBS standard terms and conditions? **YES** **NO**

Note: If the answer is “No” then a completed Exceptions to Standard Contract Form must be attached to this form.

13. Indicate which of the following forms are attached **if applicable**:

- | | |
|--|--|
| Scope/product description (key milestones, etc) | Quote Request Form |
| Exceptions to Standard Contract Form | Bid decision matrix |
| Written quotes from vendors | Proof of Insurance |
| Documentation of Assembly Approval | Other (key milestones, time frame, etc) |

14. I have reviewed this procurement and determined that this purchase was not split into smaller transactions with the intent to allow a lower level of review and approval.

REQUIRED?	APPROVALS (in sequence below)	DATE RECEIVED	DATE APPROVED
	REQUESTED BY:		
	MUNICIPAL ENGINEER		
	CONTRACT MANAGER		
	GRANT ACCOUNTANT		
	CHIEF FINANCE & ADMINISTRATIVE OFFICER		
	DEPARTMENT DIRECTOR		
	MUNICIPAL ATTORNEY		
	OTHER:		
	MUNICIPAL ADMINISTRATOR		