

# Essex North SU/Canaan SD

## 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
		<b>Shipping &amp; Handling</b>		
		<b>Total</b>		
<b>*** PLEASE COMPLETE THE BACK OF THIS FORM FOR ALL PURCHASES***</b>				

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

**Essex North SU/Canaan SD**  
**COST ANALYSIS PROCUREMENT FORM**

*Please complete all sections 1 through 4 if applicable.*

**1. Procurement Method (Check one):**

**Micro Purchase:** Total purchase equal to or less than \$40,000.

**Small Purchase:** Any purchase above Micro Purchase threshold up to \$250,000 but less than \$40,000 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** (State law requires for some purchases over \$40,000)

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

**Proposal**

*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 procurement methods.**

\_\_\_\_\_ 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

Reputation

Capability

Continuity of Services

Other \_\_\_\_\_

**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