

**FEDERAL
PROCUREMENT
SUSPENSION/DEBARMENT
FORM**

GENERAL INFORMATION

Vendor Name: _____

Req #: _____ PO # _____

Pcard Confirmation# _____ Date: _____

Form Completed By: _____ Date: _____

Program:

- 24 - Federal SPED
- 38 - Perkins
- 51 - Title I
- 52 - Title II
- 64 - LEP
- 52 - Title IV
-

PROCUREMENT (check one)

Furniture, Equipment, Supplies:

- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$10,000 | No Action Required (Micro Purchase) |
| <input type="checkbox"/> \$10,001 - \$75,000 | Minimum 3 Quotes Required (Quotes Attached) |
| <input type="checkbox"/> > \$75,000 | Formal Bids Required |

Professional Services:

- | | |
|---|--|
| <input type="checkbox"/> \$0 - \$10,000 | No Action Required (Micro Purchase) |
| <input type="checkbox"/> \$10,001 - \$250,000 | Minimum 3 Quotes Required (Quotes Attached) |
| <input type="checkbox"/> > \$250,000 | Formal Bids Required |
| <input type="checkbox"/> Non-Public Agency per OSPI | No Action Required |
| <input type="checkbox"/> SES Provider per OSPI | No Action Required |
| <input type="checkbox"/> Government Agency/ESD | No Action Required |
| <input type="checkbox"/> IEP Placement | Sole Source Explanation (or attach IEP explanation): |
| <input type="checkbox"/> Sole Source | Complete Sole Source Explanation Below: |
| | (If not enough space, please attach additional documents as necessary) |

Describe the service/product requested and why it is required: _____

Which providers were considered? _____

Rationale for selecting the provider? _____

How was it determined there were no other providers better suited? _____

SUSPENSION & DEBARMENT

Required for All Vendors: SAM.gov (screenshot attached)

NOTE : Attach vendor contract, Federal Procurement / Suspension & Debarment Form, quotes (if required) & SAM.gov screenshot to purchase requisition in Skyward