**Procurement Method Report $10,000.01-$100,000.00**

Use this form for Procurements (purchases/orders) in the amount of $10,000.01-$100,000.

Subrecipients shall accomplish **three (3)** requirements with this form: **(1)** identification of procurement method, **(2)** SAMS check, and **(3)** certification signature. (Project Manager’s signature is adequate certification that competition was done, and that the Subrecipient is complying with the most stringent procurement procedures-whether federal, state, or local).

**Reminder:** Procurements must be conducted applying the most stringent of applicable procurement requirements (whether federal, state or local). Jurisdictions must adhere to their local requirements for all procurements if they are more stringent than those listed below.

**Subrecipient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Award/Disaster Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PBD/PW/PJ:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procurement Method (per each Purchase/Order)**

***This may include multiple invoices for each purchase or order.***

***NOTE: DHS&EM will no longer approve (nor reimburse) this type of procurement after the purchase is made.***

|  |  |  |  |
| --- | --- | --- | --- |
| **$10,000.01-$100,000** | | | |
| **1.** | Specifications: | | |
| **2.** | Award Criteria: | | |
| **3.** | Response Due Date: | | |
| **4.** | Provide (3) Vendor contacts with Bid Amounts given. (Must attach copies of written responses). Identify selected vendor by placing and “X” in the box on the left side of the table adjacent to Vendor’s Name. | | |
|  | Vendors Name: | Bid Amount: |
|  | Vendors Name: | Bid Amount: |
|  | Vendors Name: | Bid Amount: |
| **5.** | **Justification for Vendor Selection**. Please include all written supporting documents providing justification for vendor selection. | | |
| **6.** | **Send to DHS&EM for approval prior to purchase** | | |

|  |
| --- |
| **$10,000.01 to $100,000.00** |
| Subrecipients Guidance:  Must obtain DHS&EM pre-approval prior to execution of this type contract (regardless of amount).  Procurement Method:  At least three firms or persons shall be contacted in writing for quotes or informal proposals. The solicitation and responses must be written. You must include the specifications (description of what is being purchased), award criteria (how the vendor will be chosen), and date and time responses are due. Postings in electronic media may satisfy the competitive solicitation requirement.  Before selection of firm or vendor, submit copies of solicitation, and responses to DHS & EM for review and approval.  **Send to DHS&EM for approval prior to purchase.**  Justification:  Must explain why vendor was chosen by completing Justification block.  Award:  Must be within accordance of the specifications and award criteria in the solicitation to the responsive and responsible bidder providing the lowest quote or most advantageous quote or proposal.  Regulations: Alaska Statues, Code of Federal Regulations, Local Procurement Codes  Alaska Statues, Title 36 Chapter 30  Alaska Administrative Code, Title 2 Chapter 12  2 C.F.R. § 200.320(b)  Office of Federal Financial Management Memo M-18-18  Local Procurement Codes |

**System for Award Management (SAMS) report is required for selected vendor**

|  |
| --- |
| **SAMS Report is a Mandatory Subrecipient Action** |
| Subrecipient Instruction:   1. Check the federally debarred/suspended vendors at System for Award Management at [www.sam.gov](http://www.sam.gov) prior to execution of any procurement or contract (regardless of amount). 2. Print SAM report page and include with this form. |

**Certification**

I certify the above information is true and accurate. Documents related to this procurement are on file and available upon request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subrecipient Project Manager’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title

**E-mail signed form to** [**mva.grants@alaska.gov**](mailto:mva.grants@alaska.gov) **for review**

|  |  |  |
| --- | --- | --- |
| **DIVISION OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT** | | |
| Reviewed  Not Reviewed | Returned for Further Justification Date | |
| SAA/GAR Point of Contact or Authorized Representative | | Date |
|  | |  |