**Procurement Method Report Pre-Bid Contract**

Use this form for Procurements (purchases/orders) that are from a Pre-Bid contract (i.e., GSA, NASPO or local equivalent).

Subrecipients shall accomplish **three (3)** requirements with this form: **(1)** identification of procurement method, **(2)** SAMS check, and **(3)** certification signature on third page. (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 of 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.***

***E-mail to mva.grants@alaska.gov for approval***

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| **Pre-Bid Contract** | |
| Pre-Bid Contract Type: |  |
| Contract Vendor: |  |
| Contract Number: |  |
| Purchase Amount: |  |
| **Justification for Vendor Selection**. Please include any written supporting documents providing justification for vendor selection. | |
| **Send to DHS&EM for approval prior to purchase** | |

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| **Pre-Bid Contract Guidance** |
| Subrecipients Guidance:  Use reasonable and adequate procedures that ensure fairness to potential bidders and competition commensurate with the circumstances of the procurement considering price, mission requirements, and available competition.  Procurement Method:  Include which pre-bid contract you are using, the vendor name, contract number and procurement amount.  Justification:  Must explain why vendor was chosen by completing Justification block.  **Send to DHS&EM for approval prior to purchase.**  Award:  Award based on reasonable and adequate procedures.  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(a), Procurement by micro-purchase is the acquisition of supplies or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold (currently set at $3,500). May be awarded without soliciting competitive quotations if the non-Federal entity considers the price to be reasonable. To the extent practicable, micro-purchases should be distributed equitably among qualified suppliers.  2 C.F.R. § 200.320(b) : Small purchase procedures are those relatively simple and informal procurement methods for securing services, supplies, or other property that do not cost more than the Simplified Acquisition Threshold (SAT, $150,000). If small purchase procedures are used, price or rate quotations must be obtained from an adequate number (3) of qualified sources. NOTE: Alaska Procurement law overrides the SAT.  Local Procurement Codes |

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

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| **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.

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Subrecipient Project Manager’s Signature Date

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Printed Name and Title

***E-mail signed for to mva.grants@alaska.gov for approval***

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| **DIVISION OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT** | | |
| Approved  Disapproved | Returned for Further Justification Date | |
| SAA/GAR Point of Contact or Authorized Representative | | Date |
|  | |  |