

**Vendor Checklist Form**

**To be completed by the Department for agreements \$10,000 and above**

**VENDOR NAME** \_\_\_\_\_

**TOTAL CONTRACT AMOUNT** \_\_\_\_\_

**AGREEMENT DATES** \_\_\_\_\_

**PAY SCHEDULE** \_\_\_\_\_

**PI** \_\_\_\_\_

**ADMINISTRATOR** \_\_\_\_\_

1. **Is this vendor named in your budget?** YES  NO

2. **Was a competitive selection process done for the vendor?** YES  NO

3. **How was the vendor selected?**

Please choose the appropriate vendor selection below and provide documentation. Documentation must be provided in order to process your agreement.

A.  **Obtained Multiple Quotes**

Please provide a list of the bids received as well as copies of the bids.

1. How did you solicit the bids? \_\_\_\_\_

2. Who reviewed the bids and determined the successful vendor(s)? \_\_\_\_\_

3. What was the criteria for the selection? \_\_\_\_\_

B.  **Purchasing Advertised**

C.  **Sole Source/Single Source**

1. The purchasing department will need to advertise for 5 days. Please complete the required purchasing department form found here: [https://www.marshall.edu/purchasing/files/Marshall-University-Sole-Source\\_r3\\_02272023\\_fillable.pdf](https://www.marshall.edu/purchasing/files/Marshall-University-Sole-Source_r3_02272023_fillable.pdf)

2. If this is a sole source, make sure that the awarding agency requirements being met

D.  **List of approved vendors** (e.g. MU contract, State of WV contract, agency approved list of vendors)

E.  **Other** \_\_\_\_\_

4. **How was the rate of pay determined?** \_\_\_\_\_

\_\_\_\_\_

5. **Is the rate of pay within the agency guidelines for contractor pay?** YES  NO

Pre-Award Review By

Agreement #

Fund #