

Vendor Checklist Form

The purpose of the vendor checklist form is to abide by the Federal, State and MURC guidelines for purchasing.

This form is to be completed by the Department for the following contractual agreements \$10,000 and above:

- Subawards
- Service Agreements
- Fixed Price Agreements
- Any agreement coded under the banner codes for contractual, 70251-71283

This form should not be completed for the following types of agreements:

- Software
- Hotel
- Building Maintenance
- Any agreement coded under banner codes 70207-70526 does not require this form

If you are unsure whether the agreement you are working on requires this form, please contact your designated Compliance Officer.

Your Pre-Award Grants Officer will need to review the completed vendor checklist form along with your agreement and sign off with their approval before your agreement can be processed.

Whenever possible, agreements should be put in place as soon as funding is received and the vendor is known.

Vendor Checklist Form

To be completed by the Department for subaward, service, and fixed price contractual agreements
\$10,000 and above

VENDOR/SUBAWARDEE NAME _____
AGREEMENT NUMBER _____
FUND NUMBER _____
AGREEMENT AMOUNT _____
AGREEMENT DATES _____
PI _____
DEPARTMENT ADMINISTRATOR _____

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

If you answered YES to question 1, you may stop here.

If the answer to question 1 is NO, please continue with the below questions. Based on your answers to the questions below, you may need to work with your Pre-Award Officer and the Purchasing Department to properly document your vendor selection.

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 quotes received as well as copies of the quotes

1. How did you solicit the quotes? _____

2. Who reviewed the quotes 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

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

This form requires review and approval by your Pre-Award Officer.

I have reviewed and approve this agreement and agreement checklist.

Pre-Award Officer Name/Initials

Date