

Vendor Checklist

To be completed by the Department

VENDOR NAME _____

TOTAL CONTRACT AMOUNT _____

AGREEMENT DATES _____

PAY SCHEDULE _____

PI _____

ADMIN _____

1. **Is the agreement amount \$10,000 or more?** YES NO

If yes, please proceed with the additional questions.

If No, you can stop here.

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

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

4. **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

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** _____

5. **How was the rate of pay determined?** _____

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

To be completed by MURC Pre-Award

Pre-Award Officer _____

Funding Agency _____

Proposal Number _____

Application Title _____