



City and Borough of Sitka

SERVICES >\$2,500

PO Number# _____ (PO# filled in after approval)

DATE INITIATED: _____ REQUESTED BY: _____

PROJECT NAME AND/OR DESCRIPTION OF REQUEST (Please attach if additional space is required):

Justification:

Required Information:

1. What is the cost of this request? \$ _____
2. Check one box and indicate name of vendor and \$ value:
 Bid QUOTE RFP RFQ Exempt (See #8)

Name	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Note: Unless exempt for competitive bidding by Section 8, this Section 2 must be completed. For purchases from \$25,000 - \$50,000 a Quote Request Form and quotes received must be attached to this form. For purchases >\$50,000 the bid decision matrix must be attached to this form.

3. Is a new appropriation required? YES NO

Note: If "Yes" Assembly must approve a Budget Ordinance – attach documentation of Assembly Approval.

4. Source of approved funds for this request (check all that apply):
 Operating Capital Grant Other

5. Account Name and Number(s): _____ & _____

6. Total project/account funding: _____

7. Contingency amount remaining: _____

8. Is a competitive process required (see the CBS Purchasing Procedure for requirements)? YES NO

Note: If "No" please check the box for the reason why a competitive bid is not required. [Department Director must also initial the box.] Please state which item below from the Sitka General Code applies (section 3.16.060 "Exception to competitive requirements"):

- Sole Source Emergency Specialized Equipment Interagency/Gov Contract
 Other _____

Note: If "Yes" and the cost of the request is >\$50,000 then the signature approval list must include the Contract Manager/Coordinator and the bid decision matrix must be attached.

9. Specify the Termination Date and any special payment terms:

10. Do the Davis Bacon Rules Apply? YES NO

11. Will a portion of this Purchase be billed to a Grant? YES NO

Granting Agency and Grant Number: _____ *Note: If "Yes" then the signature approval list must include the Grant Accountant to ensure that any special contracting requirements are stated and complied with.*

12. Will this purchase be a standard CBS contract? YES NO

Note: If the answer is "No" then a completed Exceptions to Standard Contract Form must be attached to this form.

13. Indicate which of the following forms are attached **if applicable**:

- | | |
|--|---|
| <input type="checkbox"/> Scope/product description (key milestones, etc) | <input type="checkbox"/> Documentation of Assembly Approval |
| <input type="checkbox"/> Exceptions to Standard Contract Form | <input type="checkbox"/> Quote Request Form |
| <input type="checkbox"/> Written quotes from vendors | <input type="checkbox"/> Bid decision matrix |
| <input type="checkbox"/> Contract executed by Vendor | <input type="checkbox"/> Proof of Insurance |

14. I have reviewed this procurement and determined that this purchase was not split into smaller transactions with the intent to allow a lower level of review and approval.

REQUIRED?	APPROVALS (in sequence below)	DATE RECEIVED	DATE APPROVED
	REQUESTED BY		
	GRANT ACCOUNTANT		
	CONTRACT MANAGER		
	CHIEF FINANCE & ADMINISTRATIVE OFFICER		
	MUNICIPAL ATTORNEY		
	DEPARTMENT DIRECTOR		
	MUNICIPAL ADMINISTRATOR		