**Golden LEAF Foundation Food Distribution Assistance Program**Procurement Certification Form

 **Organization Name:**  **Date Completed:**
**File Number:** **Item Number:**

Submit a **separate** form for each item and upload to a **separate** Procurement Certification in Fluxx. The item number listed above **must** match the approved Budget and Expense Tracking Form Budget Narrative item reference number. Supporting documents may be merged with this PDF and added as “Procurement Certification Document” or added separately as “Evidence of Procurement” in Fluxx.

**Procurement Threshold:** Enter $25,000 or Less OR More than $25,000 **Summary**Provide a brief summary of the process for identifying and selecting a vendor. This summary should include 1) steps taken for outreach to gather quotes and 2) how quotes were evaluated. Fill in the table that follows with information for each quote. Upload the required attachments based on the procurement type.

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| **Vendor Name** | **Quote/Reference Number**(if applicable) | **Amount of Quote**(must match the document) | **Status**(selected or not) |
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| **Amount Budgeted** (from the approved Budget Narrative) |  |
| If the amount of the selected quote is higher than the approved project budget, provide a summary of how the difference will be addressed. A budget revision will be required to move funds between line items. |
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| **Attachment** | **Purchase of $25,000 or Less** | **Purchase of More than $25,000** | **Confirm Attached**(Yes, No, N/A) |
| Documentation of **solicitation/outreach** to at least three vendors (emails documenting outreach or request for quotes to at least 3 vendors, regardless if the vendor is responsive) | Required | Required |  |
| Documentation of **quotes/bids**(may be fewer than three if a vendor that was solicited does not submit a responsive bid or if a quote that matches specifications is not available) | Required | Required |  |
| Solicitation document | n/a | Required |  |

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| **Compliance Requirement** | **Purchase of $25,000 or Less** | **Purchase of More than $25,000** | **Confirmed Completed** (Yes, No, N/A) |
| Selected vendor is not on the State Debarred Vendor list | Required | Required |  |
| Selected vendor is not Excluded from Federal procurement | n/a | Required |  |
| General Terms and Conditions will be used. | n/a | Required |  |

I certify that the above information is accurate and true. I certify that my organization has completed the required compliance steps.

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**Signature, Title               Date**