

# Supplier Price Justification and Conflict Information (SPJCI) Form

Required for UR, URMC & HH Purchases

Date: \_\_\_\_\_ Requisition #: \_\_\_\_\_ Vendor: \_\_\_\_\_ Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

**Department must submit a completed SPJCI Form** with each 312 Requisition or Request For Payment for equipment, supplies, and/or services expected to exceed \$25,000, or any Sole or Single Source request, and whenever a perceived or actual Conflict of Interest per the University's policies exists. Complete all applicable sections, sign and attach all supporting documentation (proposed contract, all quotes, analyses, etc.)

*Note: Departments are responsible for retention of all justification and supporting documentation needed to support a compliance audit for all Purchases, **whether the Purchases are greater or less than \$25,000**, internal and/or direct made via Contract, Requisition, Request for Payment, SOLO, P-Card, Petty Cash, etc.*

**Federal Grant and Contract Purchases** must comply with FAR and OMB guidelines. The University's interpretation of the OMB Circular A-110 required file documentation is as follows:

### Grants, Contracts & all Federal Funds

**>\$1.00** Cost & Price analysis to determine reasonableness. Complete Section C.

**>\$25,000** Require basis for supplier selection; justification of selected/sole source or lack of competitive bid; reasonable price, Complete A or B & C

### Contracts

**\$2,500 & >** FAR 13.106 requires competitive bidding for each purchase \$2,500 or greater. Complete A or B & C.

**>\$150,000** Far 52.219-9 requires additional documentation to support small business opportunities (Complete Pg 3)

*Note: Most University awards are grants; contact ORPA if you need clarification of Grant versus Contract.*

## SECTION A

**Competitive Bids** (same item quoted by multiple suppliers): Attach bids/quotes/proposals to this form. Record below.

Supplier Name:	Total/Quoted Price:	Quote Attached?	Small Business?
1) _____	\$ _____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2) _____	\$ _____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3) _____	\$ _____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

University or Hospital Contracted Standard Supplier?

(Name) \_\_\_\_\_ Quoted Price \_\_\_\_\_ Y  N

## SECTION B

**Sole Source or, Selected Source/Low Bid Not Selected** (select one and explain):

**Sole Source** (no other company with known capability, proprietary or patented product/service)

**Selected Source** (alternative suppliers exist but selection was based on: technical requirements (precision, tooling, reliability, etc.), past performance of alternative suppliers (poor performance, service, unavailability of parts, etc.).

Identify other sources considered and basis for rejection. (Continue on back as necessary.)

**Explanation required:** \_\_\_\_\_

\_\_\_\_\_

## SECTION C

**Cost/Price Analysis** (Select all below that support determination that this purchase price is fair and reasonable):

Competitive Bids

Contract prices reflecting savings that are not available to the general public (University-wide, GPO, GSA, NYS, or E&I).

Price obtained from a current catalogue or published price list. Please specify \_\_\_\_\_

Supplier has stated that the quoted prices are no greater than those charged to supplier's most favored customer.

Quoted prices compare favorably to previous prices paid for the same or similar items on PO # \_\_\_\_\_ Dated \_\_\_\_\_

Quoted prices compare more favorably than in-house (University IT, IDS, Copy Center, Facilities) or national market benchmarks (ECRI, etc)



**Additional Documentation of Purchases/Subcontracts over \$150,000**

Purchase Order/Subcontract Awarded To: \_\_\_\_\_

Size Category	Number Solicited	Reason Not Solicited (use key below)	Reason Not Selected (use key below)
Other-Than-Small Businesses		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Small Businesses (including ANCs and Indian Tribes)			
Small Disadvantaged Businesses (including ANCs and Indian Tribes)			
Woman-Owned Small Businesses			
HUBZone Small Businesses			
Veteran-Owned Small Businesses			
Service-Disabled Veteran-Owned Small Businesses			

**Instructions for completing above table:**

1. Write the number of suppliers solicited from each category in the second column (even if zero).
2. For all categories not solicited, explain why in the second column using key 1-6 below.
3. For the categories solicited but not selected, put the reason in the fourth column using the key A-F below.
4. The table must be filled out completely.

**Key:**

1. **Government/Customer Directed Sources**
  2. **Follow-up work to previous P.O./contract (awarded to same supplier)**
  3. **Company-wide Purchasing Agreement exists for this product/service**
  4. **Sole Source (only approved supplier, proprietary item)**
  5. **No known Small Businesses (checked Central Contractor Registration Dynamic Small Business Search [www.ccr.gov](http://www.ccr.gov) & other sources)**
  6. **Category not solicited for another reason (explain below)**
- A. **Company did not offer the lowest price**  
 B. **Company was found to be not qualified (explain below)**  
 C. **Company was not the best offer for reasons other than price (explain below)**  
 D. **Company did not respond to the solicitation**  
 E. **Company stated it was not interested in the work**  
 F. **OTHER – EXPLANATION REQUIRED BELOW**

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

Department Signature: \_\_\_\_\_

**\*\*\*\*\* Please print and sign before sending**

FOR PURCHASING USE ONLY			
Purchasing Manager/PA	_____	Date	_____
Sr. Manager Reviewed	_____	VP/Asst Dir. Reviewed	_____