

Supplier Price Justification and Conflict Information (SPJCI) Form

Required for UR, URMC and HH Sponsored and Non-Sponsored Fund Purchases

Date		Req#		Vendor		Requested by		Phone	
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Department must submit a completed SPJCI Form for all purchases; if the total is \$25,000 or greater.

Complete all applicable sections, sign and attach all supporting documentation (proposed contract, all quotes, analyses, etc). Provide full explanation, complete description and/or list all relevant reasons where space has been provided. The rationale must be clear and convincing, avoiding generalities. **Incomplete forms or forms lacking sufficient detail cannot be approved and may be returned possibly delaying issuance of a purchase order.**

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 internal and/or direct made via Contract, Requisition, Request for Payment, Supplier Invoice Request, SOLO, P-Card, Petty Cash, etc.

SECTION A - Written Quotes, Proposals, and Competitive Bids - Purchases >= \$250,000

Competitive Bids - Purchases >= \$250,000 require multiple written formalized bids through a competitive proposal process and require a cost price analysis be performed in conjunction with the bid review process.

(Same item quote by multiple suppliers): Attach bids/quotes/proposals to this form. Record below.

* The use of a competitive bid and negotiated agreement on behalf of the University (i.e. University or Hospital contracted standard supplier) satisfies the bid requirements.

Identify the Purchasing Staff member who assisted with obtaining and analyzing the quotes:

		Total/Quoted Price	Quote Attached?			Small Business?		
1		\$		Y	N		Y	N
2		\$		Y	N		Y	N
3		\$		Y	N		Y	N

***University or Hospital Contracted Standard Supplier?**

Name	Quoted Price		Y	N
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SECTION B – Non-Competitive/Low Bid Not Selected – Required for all Purchases >= \$25,000									
<i>(Select one and explain)</i>									
Vendor Name:				Description of Product / Service:					
	<p>Non-Competitive (no other company with known capability, proprietary or patented product/service)</p>								
		The item or service is only available from a single source.							
		A public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation							
		The Federal awarding agency or pass-through entity expressly authorizes non-competitive proposals in response to a written request or as identified in the project proposal							
		After solicitation a number of sources, competition is determined inadequate							
	<p>Low Bid Not Selected: (multiple quotes obtained but lowest bid was not selected for the following reasons: Technical requirements precision, tooling, reliability, etc., ability to maintain research continuity, 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)</p>								
<i>Please select the reason for recommending the above named supplier:</i>									
	The requested product is an integral part or accessory to existing equipment.								
	The service requested is for existing equipment, which can only be completed by the original manufacturer, or a manufacturer's designated service provider.								
	The requested product or service has a unique design, performance, and/or quality specifications that are essential to a particular research protocol or teaching needs and are not available in comparable products.								
	The requested product or service is essential in maintaining research continuity in the following manners (check all that apply)								
		Requested product is being used in continuing research experiments							
		For comparability of research results, the same product is required							
		This good/service has been identified an approved in this research grant contract							
	The requested service requires a supplier that can demonstrate unique skills or experience								
	Emergency – The goods or services are needed to correct or prevent an emergency health, environmental or safety hazard, special or time sensitive events; and/or emergency repair or replacement of existing equipment essential for daily operations								

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SECTION C – Cost/Price Analysis – Required for All Purchases > = \$25,000									
<i>(Select all below that support determination that this purchase is fair and reasonable)</i>									
<input type="checkbox"/>	Competitive Bids (see page 1 for summary of responses) 2 written quotes attached (2CFR200 requirement for Grant (GR) Purchases)								
<input type="checkbox"/>	Contract prices reflecting savings that are not available to the general public (University-Wide, GPO, GSA, NYS or E&I). Please specify contract								
<input type="checkbox"/>	Quoted prices compare more favorably than in-house (University IT, ISD, Copy Ctr, Facilities) or national benchmarks (i.e. ECRI)								
<input type="checkbox"/>	Independent Estimate \$249,999	<input type="text"/>	(Include summary of independent estimates and supporting documentation of cost/price)						
SECTION D - Conflict of Interest									
Conflict of Interest Information – per University Conflict of Interest Policy.									
<input type="checkbox"/>	No Conflict of Interest Exists (if checked, continue to Section E)								
Name of University affiliated individual with Conflict of Interest: <input style="width: 150px;" type="text"/> Title <input style="width: 100px;" type="text"/>									
In addition to the information set forth in Sections A, B, and C above, check all brackets describing the process utilized to manage the Conflict of Interest:									
<input type="checkbox"/>	The individual was excluded from all discussions and decision-making								
<input type="checkbox"/>	The individual was involved (e.g. in discussions) but did not participate in the decision								
<input type="checkbox"/>	The recommendation or decision was made by the individuals' supervisor								
<input type="checkbox"/>	The recommendation or decision was made by internal individuals with appropriate expertise								
<input type="checkbox"/>	An external expert recommended the purchase								
<input type="checkbox"/>	Other management strategies and reasons (describe):								
IF A CONFLICT OF INTEREST EXISTS, THE UNIVERSITY'S SENIOR VICE PRESIDENT OF ADMINISTRATION AND FINANCE, OR HIS OR HER DESIGNEE, MUST APPROVE THE PURCHASE.									
<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DISAPPROVED ON BEHALF OF SR VP OF ADMINISTRATION AND FINANCE						
By:									
Title: Associate Vice President of Purchasing and Supply Chain								Date:	

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Section E - Minority and Small Business Information - Required for all federally funded Purchases (FAO = GR) > = \$25,000

Size Category	Number Solicited	Reason Not Solicited	Reason Not Selected
Other-Than-Small Business		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Small Businesses (including ANC's 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			
Minority Owned Business			

Instructions for completing above table:

- ✓ Write the number of suppliers solicited from each category in the second column (*even if zero*).
- ✓ For all categories not solicited, explain why in the second column using key 1-6 below.
- ✓ For the categories solicited but not selected, put the reason in the fourth column using the key A-F below.

- | | |
|---|--|
| <ol style="list-style-type: none"> 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 & other sources) 6. Category not solicited for another reason (explain below) | <ol style="list-style-type: none"> A. Company did not offer the lowest price B. Company was found to be not qualified (<i>explain below</i>) C. Company was not the best offer for reasons other than price (<i>explain below</i>) D. Company did not respond to the solicitation E. Company stated it was not interested in the work F. Other – Explanation Required (<i>explain below</i>) |
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<p><i>Department Administrative Authorization/Certification (Department Administrator, Principal Investigator and or delegate and Sponsored Research/Financial Administrator) that the information provided is correct. By signing, I confirm that I am aware of University of Rochester's Competitive bid requirements in support of Federal guidelines (for federal project related purchases) the need to consider small and/or minority businesses for procurement transactions.</i></p> <p><i>Please print and sign before sending</i></p>									
Name <i>(print)</i>			Title & Signature				Date		
Name <i>(print)</i>			Title & Signature				Date		

FOR PURCHASING USE ONLY
Category Manager / PA Reviewed
Senior Category Manager Reviewed
Category Director Reviewed
Assoc VP Reviewed