**CAPE COD COMMUNITY COLLEGE: GRANT ACTIVITY & PROCUREMENT DOCUMENTATION**

**GRANT AWARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / GRANT YEAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please complete this form with a purchase requisition* ***PRIOR*** *to making a purchase.*

|  |  |
| --- | --- |
| **Item(s) to be Purchased/Description of Expenditure:** | |
| **Relevance to Grant Objectives:** | |
| **Vendor/Contractor:** | **Total Cost:** |

**Funding Source/Procurement Method**

Check funding source and total expenditure range. This will determine the appropriate method of procurement to use. Please contact Grants Office, Grants Accountant or Procurement for assistance.

|  |  |  |  |
| --- | --- | --- | --- |
| **Chk** | **State/Private** | **Chk** | **Federal** |
|  | < $10,000: Sound business practice/reasonable price |  | <$3,000: Sound business practice/reasonable price |
|  | $10,000-$49,999: Three quotes (attach) |  | $3,000-$49,999: Three or more quotes (attach) |
|  | $50,000 and over: Sealed bids or proposals |  | $50,000 and over: Sealed bids or proposals |
|  | Sole/Single Source (complete documentation) |  | Sole/Single Source (complete documentation) |

**Source of Pricing**:Please indicate the source of the pricing obtained. (Attach documentation of prices)

|  |  |  |
| --- | --- | --- |
| **Check** | **Source of Pricing** | **Notes/Other Information** |
|  | Contract Price Listings (e.g., MHEC, State Contracts, etc) | Contract # : |
|  | Sealed Bid (e.g., IFB, RFP) | Bid #: |
|  | Quotations (Written) | Please Attach: |
|  | Catalog/Market/Internet Pricing | Please Attach |
|  | Sole Source | Complete Sole Source Form |
|  | Other (Specify) |  |

For travel and meal expenditures, please attach additional documentation (i.e.: Meeting/Conference Agenda, Itinerary, receipts etc.)

**Other Relevant Notes:**

**Is the expenditure allowable under the terms of the grant?** Yes or No (Circle)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G/L #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_