**PROFESSIONAL SERVICES FORM**

This form will help you complete a **minimum of three (3)** vendor reviews to comply with Utah Administrative Code R33-105-104, “Small Purchases of Professional Service Providers and Consultants.”

A professional service process cannot result in a purchase that exceeds **$100,000** for the full project or contract term.

Note that any purchase of **$80,000** or more must be approved by the JSD Board of Education.

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| 1. **CONTACT INFORMATION** | |
| **Date:** |  |
| **School/Department:** |  |
| **Contact Person and Title:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| 1. **PROFESSIONAL SERVICE INFORMATION** | |
| **Description of Service:** Write a detailed and concise description of the service needed. |  |
| **Service Start Date:** |  |
| **Service End Date:** |  |
| **Budget:** |  |
| 1. **VENDORS REVIEWED** | |
| **VENDOR 1** | |
| **Vendor 1 Name:** |  |
| **Contact Person:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Qualifications Reviewed:** Write a detailed narrative specifying the qualifications of Vendor 1. Include details of how the vendor does (or does not) meet your needs. |  |
| **VENDOR 2** | |
| **Vendor 2 Name:** |  |
| **Contact Person:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Qualifications Reviewed:** Write a detailed narrative specifying the qualifications of Vendor 2. Include details of how the vendor does (or does not) meet your needs. |  |
| **VENDOR 3** | |
| **Vendor 3 Name:** |  |
| **Contact Person:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Qualifications Reviewed:** Write a detailed narrative specifying the qualifications of Vendor 3. Include details of how the vendor does (or does not) meet your needs. |  |
| 1. **VENDOR RANKINGS** | |
| **Rank 1:**  Most preferred vendor, recommended for award. |  |
| **Rank 2:**  Second most preferred vendor. |  |
| **Rank 3:** Third most preferred vendor. |  |

When Sections I through IV have been completed, enter a requisition in Skyward with this form attached. Purchasing will review the form and complete Section V.

Services may ***not*** begin until the Purchase Order has been approved.

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| **(This section to be completed by the Purchasing Department)** | |
| 1. **AWARD FOR PROFESSIONAL SERVICE** | |
| **Buyer:** |  |
| **Awarded Vendor:** |  |
| **Negotiated Cost:** |  |
| **Date Approved:** |  |
| **Additional Notes:** |  |