

PCHA Small Works Roster

Procurement Documentation Form

Staff Name: Victor Lovelace	Community: Demark Apartments
Date: 6/21/21	Need: Parking Lot Sealing and Repair
Purchase type: <input checked="" type="checkbox"/> One Time <input type="checkbox"/> Material- Annual Supply	<input type="checkbox"/> Annual Service <input type="checkbox"/> Declared Emergency*1
Date Needed: <u>8/01/2021</u>	Quantity: _____
Funding Source: PO/CP Code	Cost Estimate: \$80,000. _____
Purchase Method / Type chosen: <input checked="" type="checkbox"/> Lump Sum Bid <input type="checkbox"/> Unit Price (per each) <input type="checkbox"/> Annual Quote*2	
Response Type: <input type="checkbox"/> Verbal Response <input type="checkbox"/> Written Response <input checked="" type="checkbox"/> Written Proposal <input checked="" type="checkbox"/> Electronic	
Solicitation Type: <input checked="" type="checkbox"/> Small Works Roster <input type="checkbox"/> Telephone Listing <input type="checkbox"/> Other _____	
MBE/ WBE/ Section 3 outreach*3: _____	

Record of Solicitation / Response to Request:

Date	Firm Name	Phone	Contact Name	Price and terms	WBE /MBE /Sec 3*4
6/17/21	G.A. Jorgenson CO Inc	253 863-0600	Rowan Friday	\$84,025.00	No
6/17/21	Puget Sound Paving and Construction	253 606-5176	Stefan Geling	\$98,967.00	No

Decision: <input checked="" type="checkbox"/> Award to lowest responsible offeror <input type="checkbox"/> Reject Lowest responsible and Award to next lowest*5
<input type="checkbox"/> Cancel Purchase <input type="checkbox"/> Award to sole responsive/responsible offeror and price considered reasonable*6

- *1- Officially declared Emergency by Governing Entity Only
- *2- Annual Quote signed by authorized individual, one year term, Up to 5 additional 1 year extensions. Annual total not to exceed \$300,000.00 /Calendar yr
- *3- Solicit Quotes from ALL firms listed in the proper SWR classification tab that display OMWBE certification # each solicitation
- *4- Yes or No, if Yes, list the OMWBE certificate # or number of Section 3 hires planned by each firm claiming Section 3 status
- *5- Attach documentation supporting reject decision. Acceptable reasons; uninsured/under insured, unlicensed, debarred from government procurement by agency or entity. (Attach debarment list) Rejection for any other reason may not be granted.
- *6- One offer received and reasonable attempts have been made to obtain offers from other firms. (Document reasonable efforts)

Conflict of Interest Statement:
 No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. My signature below certifies that no such conflict of interest exists in this solicitation.

Handwritten signature

Date: _____

Purchaser Signature