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| anchor2 | State of Rhode Island, Department of AdministrationDivision of PurchasesOne Capitol HillProvidence, Rhode Island 02908[www.ridop.ri.gov](http://www.ridop.ri.gov) (401) 574-8100 |

**DELEGATED AUTHORITY - SMALL PURCHASES**

**AUTHORIZATION FORM (R. I. Gen. Laws § 37-2-22)**

Requesting Department/Agency: Requisition #:

Good or Service to be Procured:

**Procurement less than $500.** The department or agency may proceed with a vendor of its choosing, but the Division of Purchases (“Division”) recommends contacting, if available, a certified Minority or Women-owned Business Enterprise (MBE/WBE) or a “Local Vendor.” A “Local Vendor” is a non-foreign, domestic business enterprise whose principal office, according to the Corporate Database maintained by the Secretary of State at http://ucc.state.ri.us/CorpSearch/CorpSearchInput.asp, is located within the State of Rhode Island.

**MPA Requirement.** Departments and agencies shall first utilize an applicable MPA to the extent one is available. If there is a certified MBE/WBE on an MPA covering services, the department or agency is required to get a quote from the certified firm. Refer to specific MPA Contract User Guide for further information. Should an MPA not be available, the department or agency should utilize the below process. If an MPA vendor is ultimately utilized, departments and agencies do not need to submit this form to the Division. For more information on available MPAs, please call the Division of Purchases and/or visit its website (contact information listed above).

**Three written quotes required.** For general procurements between **$500 and $5,000 ($10,000 for construction services),** at least three (3) written quotes shall be obtained through e-mail, fax or the internet. At least one of the quotes must be from a certified MBE/WBE, assuming there is an MBE/WBE capable of providing the goods or services. Additionally, at least one (1) of the three (3) required quotes must be from a local vendor, again assuming there is a local vendor capable of providing the goods or services. This “local vendor” may be the same vendor used to satisfy the MBE/WBE requirement, but agencies must still get a total of three (3) written quotes for any procurement under this delegated small purchase authority.

In order to get the most cost effective pricing, as a general rule, departments and agencies should award contracts to the lowest responsive and responsible bidder. However, there is an exception regarding the State’s interest in supporting Minority Business participation. When awarding to an MBE/WBE that was not the low bidder, section 5.12.1.2.3 of the State of Rhode Island Procurement Regulations and section 25(b) of the Regulations’ Appendix A - General Conditions of Purchase, allow selection of the MBE’s/WBE if its price quote is within a competitive range, not to exceed five percent (5%) higher than the lowest responsive price offer) for a product or service.

The record shall include an objective statement explaining the basis for the decision. It is important that the person obtaining the quotes set a deadline by which all written quotes must be received or the process may not have closure. This also ensures that the vendors have an equal opportunity to participate.

**Audits.** All transactions made under the Delegated Small Purchase Authority are subject to audit by the Bureau of Audits and the Division of Purchases. Audits concentrate on documentation of competitive solicitations and whether Departments and Agencies artificially divide purchases. As always, Departments and Agencies are cautioned not to artificially divide orders for similar purchases which would result in exceeding the applicable $5,000/$10,000 limit.

Please attach vendor quotes and list below the vendor names and the date/amount of their quotes.

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| --- | --- | --- | --- |
|  | **VENDOR NAME** | **QUOTE DATE** | **QUOTE AMOUNT** |
| **MBE/WBE:***(if different from Local Vendor)* |  | Check here if not available: □ |  |  |
| **Local Vendor:***(if different from MBE/WBE)* |  | Check here if not available: □ |  |  |
| **MBE/WBE & Local Vendor:***(if the same)* |  | Check here if not available: □ |  |  |
| **1st Vendor:***(only if MBE/WBE and Local Vendor are both not available - skip this if either MBE/WBE or Local Vendor is available)* |  |  |  |
| **2nd Vendor:***(only if MBE/WBE and Local Vendor are the same, or if either MBE/WBE or Local Vendor are not available - skip this only if MBE/WBE is different from Local Vendor)* |  |  |  |
| **3rd Vendor:***(if MBE/WBE is different from Local Vendor - do not ever skip this)* |  |  |  |

Please indicate below the vendor ultimately selected, and, if necessary, provide justification if it was not the lowest bidder.

**Vendor selected:**

**Justification if not the lowest bidder:**

I certify that the above statements are true and complete to the best of my knowledge.

Requestor Name Title Date

User Agency Approval Title Date