BEST VALUE DETERMINATION FORM

**Micro-Purchase Threshold - Simplified Acquisition Threshold**

 **(Schedule Purchases are subject to FAR 8.4 and DFARS 208.4)**

# FAR 8.405-1 requires that a best value determination be performed prior to placing Multiple Award Schedule (MAS) orders above the Micro Purchase Threshold (MPT).

* FAR 8.405-2 (c)(2)(ii) requires the ordering activity shall provide the RFQ to at least three schedule contractors that offer services that will meet the agency’s needs.
* DFARS PGI 208.602-70 and FAR 8.405-2 (c)(4) In addition, the RFQ must be provided to UNICOR for the opportunity to propose. The ordering activity shall provide the RFQ (including the statement of work and the evaluation criteria) to any schedule contractor who requests a copy of it.
* (FAR 8.404(d)) Seek additional price discounts from the vendor offering the best value.

**Project #/Name/Location:**

1. Brief Description of Item(s), System(s) or Component(s) to be Procured:
2. Did you review inventories of the requiring activity? Provide a brief justification as to why new furnishings are required.

YES**[ ]** NO **[ ]**

1. Did you review excess from other agencies?

YES**[ ]** NO **[ ]**

1. Was UNICOR included in the review? YES **[ ]** NO **[ ]**
2. Did you review Supplies on the Procurement List maintained by The Committee for Purchase from People Who are Blind or Severely Disabled (Ability One)?

YES**[ ]** NO **[ ]**

1. Did you review Government wholesale supply sources, such as stock programs of GSA?

**YES[ ]  NO [ ]**

1. Identify the GSA (SIN and Title) or other Federal Supply Schedule utilized or indicate not applicable.
2. List the name(s) and contract number(s) of vendor(s) who were considered:

List the vendors’ names, contract numbers (if applicable), business size and if the vendor proposed, formally declined, or no reply.

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor | Contract # | Business Size | Proposed (P) Declined (D) No Reply (NR) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Add additional rows as required* |  |  |  |

Identify the vendor recommended as the best value.

1. Provide total price from recommended vendor’s original proposal.
2. When you sought additional price reductions, were they received? YES **[ ]** NO **[ ]**
3. Identify price with discounts from the recommended best value vendor. (This amount must match TOTAL Government FF&E Final Cost from Final Cost Summary document.)
4. Identify all changes that impact price made to original vendor proposal between BVD and Final FF&E submittal.
5. Is installation, site preparation, design or ancillary services included in this project? YES **[ ]** NO **[ ]**

If yes, be sure that the installation, site preparation, design or ancillary services are included as separate line items in each quote.

1. Are you selecting the lowest priced item? YES **[ ]** NO **[ ]**

If no, indicate in addition to price, those factors listed below, considered in your decision.

**[ ]** Special features required in effective program performance:

**[ ]** Trade-in considerations

**[ ]** Probable life of the item selected as compared with that of a comparable item:

**[ ]** Warranty considerations:

**[ ]** Maintenance availability

**[ ]** Past performance

**[ ]** Environmental and energy efficiency considerations

**[ ]** Comfort/suitability of the item:

**[ ]** Delivery terms

**[ ]** Your administrative costs

**[ ]** Training needed or provided

**[ ]** Technical qualifications

**[ ]** Compatibility with existing furniture / Products / Technology (circle appropriate category)

**[ ]** Other (*specify*):

1. Best Value Determination:

**A narrative justification for each box checked above for other than low price selection must be attached.** Describe the evaluation factor, how the recommended best value vendor’s offer met or exceeded the standard for each factor, and why the offeror represents the best value to the Government compared to the other offerors.

SUBMITTING OFFICIAL (INTERIOR DESIGNER of RECORD)

In accordance with FAR 8.404(b), all agency specific regulations and statutes applicable to this purchase are attached. I have reviewed the findings and documentation attached and I have affirmatively determined them to be complete and accurate.

Name: Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Signature: