**[SFA Name]**

**Informal Purchase Evaluation Form: Vended Meals**

This form may be used to document fair and competitive informal purchases less than or equal to the small purchase threshold ($250,000 for PCSB/private schools, $100,000 for DCPS/DYRS). SFAs must obtain at least two qualified price quotes. Contracts will be awarded to the most responsive and responsible bidder with the lowest price. *Optional*: [Insert SFA Name] will apply a geographic preference of \_\_\_% if the produce or minimally processed agricultural items included are produced in Delaware, D.C., Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, or West Virginia (local defined by the DC Healthy Schools Act). Keep this evaluation and invoices or receipts associated with each purchase for three years plus the current fiscal year.

Specifications and requirements for the contract, including meal requirements, delivery information, quantities, frequency, and any other requirements such as farm-to-school support are attached to this form and have been shared with each potential bidder in the same way.

|  |  |  |
| --- | --- | --- |
| **Supplier #1** | **Supplier #2** | **Supplier #3** |
| Name: | Name: | Name: |
| Contact Information: | Contact Information: | Contact Information: |
| Date contacted: | Date contacted: | Date contacted: |
| Response received? *(Yes/no/date):* | Response received? *(Yes/no/date):* | Response received? *(Yes/no/date):* |
| Meets all requirements, including Buy American *(Yes/no/explanation):* | Meets all requirements, including Buy American *(Yes/no/explanation):* | Meets all requirements, including Buy American *(Yes/no/explanation):* |
| Meals per week *(specify which meals):* | Meals per week*(specify which meals):* | Meals per week*(specify which meals):* |
| Contract start and duration: | Contract start and duration: | Contract start and duration: |
| Delivery day/frequency: | Delivery day/frequency: | Delivery day/frequency: |
| Price quote: | Price quote: | Price quote: |
| Geographic Preference *(if applicable) (yes/no):* | Geographic Preference *(if applicable) (yes/no):* | Geographic Preference *(if applicable) (yes/no):* |
| Adjusted Price Quote: | Adjusted Price Quote: | Adjusted Price Quote: |

**Bidder selected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person completing this form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Method of notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**