

**Attachment D
Portland State University
Personal/Professional Services Contract
Selection/Justification Statement**

YOU MUST COMPLETE THIS FORM IF THE DOLLAR VALUE OF THIS PSC IS OVER \$25,000. YOU MUST ALSO COMPLETE THIS FORM IF THE TOTAL AMOUNT PAID BY YOUR DEPARTMENT TO THE CONTRACTOR IN THE CURRENT FISCAL YEAR EXCEEDS \$25,000.

Contractor's Name: _____

Why is this Agreement necessary? Why can't University employees do this work (check at least one or explain):

- The specialized skills, knowledge, and resources are not available within the University.
- The work cannot be done in a reasonable time with the University's own work force.
- An independent and impartial evaluation of a situation is required.
- This is a grant to a public agency (which specifies use of funds).
- It is less expensive to contract for the work.
- Grant Funded

2. What will be accomplished?

3. What was used to establish compensation?

4. Summary of Selection Process: (Check one)

Sole Source: If you check this box, you must attach a copy of the Sole Source Justification Form AND the Sole Source approval letter signed by the Vice President of Finance and Administration. If you do not have these documents, contact Contracting and Procurement Services (CAPS) by email at contract@pdx.edu or by phone at 5-3441 for assistance.

Grant Funded: Was contractor specified in the grant or included as a line-item in the budget? Explain.

Multiple Sources: If you conducted an informal solicitation such as a Request for Quotation, indicate what individuals, agencies, or firms submitted quotes and what their cost estimate(s) were. (Indicate which firm(s) was (were) awarded contract(s).)

Awarded?	Contractors Considered	Cost Estimate
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

What was the method of selection; what criteria were used?

Was the lowest cost bidder selected? Y N

If NO, explain why services of the contractor selected are more valuable than those of the lowest bidder.

5. Were certified minority, women, and emerging small businesses contacted/considered? Y N

6. Was there Legislative involvement in decision or direction to contract? Y N

7. Source of Funds

Fund Source	Fund or Index Number	Amount
Under Expenditure Limitation		
Auxiliary Funds		
Grant Funds		
Other		

PSU Form Prepared By:

Signature: _____

Print Name: _____

Phone: _____ Email: _____

Contract Officer **Date**

Print Name: _____

Please use attachments when necessary to respond to the questions.