

**PURCHASES FOR SERVICES JUSTIFICATION FORM > $5,000 – PURCHASING SERVICES DEPARTMENT**

Departments should visit the following website to complete an assessment of the services needed using the Service Contracting Wizard (<https://www.rsp.wisc.edu/SAGuidance/>). If the results of the assessment determine that the department requires Purchasing Services’ review, the department must submit a requisition and include a hard copy of the Purchases for Services Justification form and [Contract Details form](http://www.bussvc.wisc.edu/purch/VendorInfo/Bids/ContractDetails.dotx). The Contract Details form must be routed via e-mail to your Dean’s or Divisional Officer for approval. Dean’s and Divisional offices e-mail to purch@bussvc.wisc.edu.

See PPP 30 <http://www.bussvc.wisc.edu/purch/ppp30.html> and PPP 33 <http://www.bussvc.wisc.edu/purch/ppp33.html> for general information regarding this form and purchases for services.

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| **This form is NOT applicable for the following:** * Conference/Meeting Hotel hosting services
* Contract exists (UW, UW System, or DOA)
* Employee interchange
* Internal services done by another UW department or state agency
* Maintenance for equipment
* Newspaper advertising services
* Regrant
* Software license agreement
* Speaker or Entertainer
* Sub-Award
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**COMPLETE ALL SECTIONS BELOW**

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| **1. Classification of Services:**  |
| Are services to be provided **“research services”** and affiliated with the University’s research mission? [ ]  **Yes**  [ ]  **No** |
|  [ ]  Engineering services?  [ ]  Scientific research? | [ ]  Medical research?[ ]  Other type of research services? (describe briefly)      |
| If **Yes**, provide the research project title and how the services relate to the research project.       |
| Are services to be provided “**instructional services**”? [ ]  **Yes**  [ ]  **No**If yes, please indicate the type of course [ ]  **For Credit**  [ ]  **Non Credit**If the course is **for credit**, please review the policy for [Contractual Arrangements for the Delivery of Credit Instruction](http://apir.wisc.edu/academicplanning.htm). |
| If **Yes**, provide course name, name of primary instructor/s, program area, and audience.      |
| Are services **“consulting services”** not related to research or instruction? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, provide a brief description.       |
| **Other,** provide a brief description.       |

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| **2. Vendor Recommendation:** |
| Can services be performed by more than one provider? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, competition is required by Purchasing Services       |
| If **No**, sole source justification is required. ([PPP#19](http://www.bussvc.wisc.edu/purch/ppp19.html))Why is the service provider UNIQUE (what skills/abilities make them the only viable provider)? (Note: sole source justifications must be validated and approved by Purchasing Services.) How was it determined that no other source is available and **who** made this proposal?       |
| Is provider an individual? [ ]  **Yes**  [ ]  **No** |
| Is provider a former/current University employee? [ ]  **Yes**  [ ]  **No**  |
| **If the provider is an individual and/or a former University employee**, please consult with your local HR staff to determine if this person should be hired as an employee to perform these services. Provide the name and phone number of the HR representative that you spoke to below.**HR Representative Name: HR Representative Phone Number:**           **Determination:****Should the individual be hired as an employee to perform these services?** [ ]  **Yes**  [ ]  **No\*** |
| **\*Please provide in the box below the analyses done by Human Resources in making this determination.****If the Determination is No**, please also complete and attach the [Employer/Independent Contractor Determination Questionnaire](https://www.wisconsin.edu/uw-policies/download/related_documents/235/Attachment-%234.pdf) after reviewing [policy 235](https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/personal-services-payments/) (Personal Services Payments).  |
| If provider is a former/current employee, include detailed information regarding the former appointment, title, etc.       |

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| **3. Status of Services:** |
| Have the services started? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, see [PPP6](http://www.bussvc.wisc.edu/purch/ppp6.html). Complete and attach forms related to an illegal purchase. |
| Have you discussed this service with a Purchasing Services Agent? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, who?       |

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| **4. Length of Services:** (indicate number of months, years, etc.) |
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| **5. Funding Source:** |
| Are [sponsored funds](http://www.bussvc.wisc.edu/acct/nonsponsored/docs/ProjectDefinitions.pdf) paying for this service? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, complete and attach Sub-Award Determination Questionnaire (see <https://www.rsp.wisc.edu/awardmgt/subaward%20determination%20questionairre.pdf>) |

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| **6. Fair Price Analysis**: ***REQUIRED FOR FEDERALLY FUNDED AGREEMENTS OVER $5000 AND NON-FEDERAL***  ***FUNDED AGREEMENTS OVER $25,000 and determined to be sole source in 2 above.*** |
| The price/cost of this contract has been determined as “commercially fair” by:[ ]  A comparison of costs for similar work in the marketplace \*[ ]  Prices that are publicly published by the provider for similar services \*[ ]  A comparison to in-house costs to do the same work \* [ ]  A competitive solicitation process was used for the purpose of cost analysis.[ ]  Other Cost Analysis \* \* Asterisked items require supporting detail of your “fair price analysis.       |

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| **7. Transaction:** |
| Does this transaction relate to an existing or previous Service Agreement or Academic Support Services Agreement? |
| [ ]  **Yes**  [ ]  **No** |
| If Yes, include agreement #, title, and/or copy of agreement, ASSA # or previous PO#      |

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| **8. Signatures:** |
| Requestor or Principal Investigator |
|  |       |  |  |  |  |  |
|  | Name |  | Signature |  | Date |  |
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|  | Phone Number |  | Requisition Number |  |  |  |
|  |  |  |  |  |  |  |
| Department Chair |
|  |       |  |  |  |  |  |
|  | Name |  | Signature |  | Date |  |
|  |  |  |  |  |  |  |
| Dean or Director |
|  |       |  |  |  |  |  |
|  | Name |  | Signature |  | Date |  |
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