



---

## COOPERATIVE PURCHASING JUSTIFICATION AND APPROVAL FORM

---

In accordance with Division 12 of the Fulton County Purchasing Code the Purchasing Agent may enter into an agreement with any public procurement unit for the cooperative use of supplies or services; and, may procure supplies, services or construction items through contracts established by purchasing division of the state where such contract and contractors substantially meet the requirements of the Purchasing Code. Please complete the form below to request that the Purchasing Director review the spending unit's request to engage in cooperative purchasing.

---

**Requesting Department/Agency:**

**Department/Agency Contact Information:**

**Cooperative Contract Number and Title:**

**Estimated Contract Spend:**

**Contract Source** (Identify the source of the cooperative contract by checking the appropriate box):

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Public Cooperative Entity</b> (Ex: NASPO)<br>List cooperative entity: _____ | <input type="checkbox"/> <b>State of Georgia Statewide Contracts</b><br>(Department of Administrative Services)     |
| <input type="checkbox"/> <b>Federal Government</b> (Ex: GSA contract)                                   | <input type="checkbox"/> <b>Other Governmental Entity</b><br>(Ex: City of Atlanta)<br>List Government Entity: _____ |

### **Verification Requirements**

In order to utilize the cooperative purchasing, statewide or GSA contract, the User Department/Agency must provide justification for the use of the cooperative purchase and why the particular cooperative contract is most advantageous to the County as it relates to price and other factors.

1. Provide justification for the use of the cooperative purchase.
2. Provide an explanation regarding the cost analysis conducted and why utilizing this contract is best value and advantageous to the County. This may include but is limited to:
  - a. Leveraging benefits of volume purchasing
  - b. Volume discounts
  - c. Service delivery requirement advantages
  - d. Document market research that was completed to determine use of cooperative purchase request.
3. Provide documentation verifying that the cooperative, statewide or GSA contract is current and awarded through a competitive process.
4. Provide a copy of the cost proposal/quote received.

**TO BE COMPLETED BY THE DEPARTMENT OF PURCHASING REPRESENTATIVE:**

<b>DOES THE SOLICITATION MEET THE REQUIREMENTS</b>	<b>YES</b>	<b>NO</b>
Reviewed the justification provided by the requesting department/agency and determined that the use of the cooperative purchase/statewide/GSA Contract is justified.	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed the cost analysis provided and determined that the use of the cooperative purchase/statewide/GSA Contract is best value and/or advantageous to the County:	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed the documentation provided and obtained a copy of the contract, solicitation documents, award letters, etc., to verify that the cooperative, statewide or GSA contract is current and was awarded through a competitive process.	<input type="checkbox"/>	<input type="checkbox"/>
The use of the contract meets the needs of the requesting department/agency.	<input type="checkbox"/>	<input type="checkbox"/>
The proposed contracting entity is authorized to conduct business in the State of Georgia.	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, the contracting entity must comply with the Georgia Security and Immigration Act (E-Verify). A copy of the Georgia Immigration and Security Contractor Affidavit is obtained from the contracting entity.	<input type="checkbox"/>	<input type="checkbox"/>
If federal funded, documented that the contracting entity is not on the <a href="#">Excluded Parties List System (EPLS)</a> that identifies those parties debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement rule, or otherwise declared ineligible from receiving federal contracts, certain subcontracts, and certain federal assistance and benefits.	<input type="checkbox"/>	<input type="checkbox"/>
Obtain Certificate Insurance requirements based on the coverage and limits included in the cooperative purchase/statewide/GSA contract. The County must be the Certificate Holder, Add'l Insured and Subrogation boxes should be marked.	<input type="checkbox"/>	<input type="checkbox"/>

**Purchasing Representative Recommendation:**

I have reviewed the items on the above checklist for this solicitation and the request

☐ meets the requirements ☐ does not meet the requirements

(Ensure that backup documentation has been scanned/saved into folder for this request)

(CAPA/APA) Purchasing Agent \_\_\_\_\_ Date\_\_\_\_\_

Chief Purchasing Agent \_\_\_\_\_ Date\_\_\_\_\_