



# Platte County R3 School District Purchasing Documentation Form



**Instructions:** Complete this form for all Small Purchases (\$10,000-\$50,000) and upload as an attachment in SisFin when generating a purchase order. Sealed bids or proposals will be used for any purchase in excess of \$50,000 unless noncompetitive purchasing is allowed by law, BOE policy DJF and/or DJF-AP1. You must obtain bids, quotes, or offers from a minimum of 3 provides or note otherwise. If this is sole source purchase, complete the section with detail on page 2.

**Type of product or services (attach bid specifications to this report if applicable):**

Two 30 inch Trident riding scrubbers and two 27 inch B10 burnishers with batteries and charger.

**Date of Purchase:** Friday, September 20, 2024      **Location/Department:** Pathfinder / PCHS / Barry / Siegrist

**Method of Advertisement (attach copies of notice) - Put "X" in areas used**

- |   |  |
|---|--|
| <input type="checkbox"/> Newspaper or Posted Notice | <input type="checkbox"/> Providers e-mailed (from list) or other electronic method |
| <input type="checkbox"/> District Webpage           | <input checked="" type="checkbox"/> Direct contact with Providers                  |

**Correspondence Concerning the Purchase**

All written correspondence concerning this purchase is attached to this report or is otherwise being maintained in accordance with procedure DJF-AP1.

**Purchasing Situation/Needs - Put an "X" in the correct box**

- Purchase over \$5000 but under \$10,000 (recommended to contact a minimum of three providers and document)
- Purchase of \$10,000 or more, but less than \$50,000 (three competitive quotes)
- Purchase of \$50,000 or more (sealed bids)
- Request for Proposal (RFP) Process used and advertised

- Single/Sole Source or Unique Circumstance (Place "X" for all that apply)
  - One of a Kind Compatibility – No competitive alternative available
  - Compatibility - Matches an existing brand and is only available from one vendor
  - Replacement Part - A critical part needed for specific district owned equipment
  - District Standard - Complies with an established standard and available from only one supplier

**Provide additional details below:**

**We currently have two scrubbers at our high school and Platte Purchase Middle School that is the same model as the ones we are wishing to purchase.**

Cooperative Purchasing (List the name of the cooperative & contract #):

Real Estate Broker or Real Estate Services

Emergency Purchase - Provide additional details below

**Providers responding to Solicitation of Quotes/Bids (attach quotes/bid to this form)**

	Date	Vendor	Written, Online or Verbal	Contact Person	Phone	Total \$ Amount Quoted
1	7/17/2024	Hillyard	Written	Matthew Tabor	888-420-7380	\$88,071.60
2	7/31/2024	The Home Depot Pro	Written	Matthew Roberts	816-730-1142	\$85,152.96
3	7/12/2024	Pur-O-Zone	Written	Shawn Sneed	785-843-0798	\$96,449.88

**Purchasing Decisions**

Was the provider with the lowest cost selected?  No

Provider Selected: Hillyard

If provider selected was not the low bidder, explain why the provider was selected:

Hillyard is offering a 24 month payment plan that is 0% interest over the course of the 2 years. During the two years all parts, labor, and batteries are covered. There is a current need for these equipment pieces in our buildings the payment plan would allow for the District to get the equipment in the buildings immediately.

Other Relevant information regarding this process/purchase:

The purchase of the Trident scrubber and burnisher would match the make and model that we currently have at PPMS and PCHS. This is helpful for purchases of pads, batteries, and service.

I verify that this purchase conforms with board policy, district procedures, legal purchasing preferences and all applicable laws regarding district purchases. If for some reason this purchase is not compliant, I have documented the reasons for noncompliance on this form and have discussed the issue with my supervisor/administrator.

Dr. Devin Doll  
 \_\_\_\_\_  
 Name of Department Head or Principal

*Dr. Devin Doll*  
 \_\_\_\_\_  
 Signature of Department Head or Principal

8/28/24  
 \_\_\_\_\_  
 Date

Mr. Brian Noller  
 \_\_\_\_\_  
 Name of Superintendent or Designee

*B. Noller*  
 \_\_\_\_\_  
 Signature of Superintendent or Designee

8/28/24  
 \_\_\_\_\_  
 Date