
PRIVATE SCHOOL FEDERAL RESOURCES PURCHASE AND VENDOR QUESTIONNAIRE

PURPOSE:

This questionnaire must be completed by the private school when requesting the use of federal resources for the purchase of goods or services. The information provided will assist Tacoma Public Schools in reviewing the request for allowability, necessity, reasonableness, and compliance with applicable federal requirements and district procedures.

VENDOR INFORMATION

Vendor/Service Provider Name:

Vendor Contact Information:

Does Tacoma Public Schools (TPS) currently have a vendor packet on file for this vendor?

☐ Yes

☐ No

☒ Unknown

GOODS OR SERVICES REQUESTED

1. What goods or services will the vendor provide?

Please provide a detailed description of the proposed goods or services, including the specific services to be provided or items to be purchased.

2. What is the total cost of the requested goods or services?

\$ _____

3. What is the measurable goal or intended outcome of the requested goods or services?

Please identify the specific, measurable outcome(s) expected as a result of the purchase or service.

4. Is the vendor or service provider an employee of the private school?

☐ Yes

☒ No

If yes, please provide the employee's name, position, building/location, and schedule of services.

SERVICE DELIVERY

5. Will the vendor provide direct instruction or services to students?

☐ Yes

☐ No

If yes, please describe the type of instruction or service to be provided.

6. Provide a detailed explanation of the need for the requested goods or services.

Please explain how the requested purchase or service will address an identified student need and/or support the applicable program or educational goals.

7. What qualifications does the vendor or service provider possess to provide the requested services, if applicable?

Please provide specific and measurable qualifications, certifications, credentials, experience, or other relevant factors demonstrating the vendor's ability to provide the proposed services.

8. What unique features or qualifications does this vendor offer that are not available from other vendors?

Please provide specific, objective, and quantifiable information supporting the selection of this vendor.

9. What are the proposed date(s), day(s), time(s), and location(s) of service?

Location: _____

Day(s): _____

Time(s): _____

Hours of service: _____

Hourly rate, if applicable: \$ _____

TUTORING SERVICES

10. If the request is for tutoring services, please provide the following information:

Subject/Content Area: _____

Number of Students Served: _____

Approved Hours per Student per Week: _____

Anticipated Start Date: _____

Anticipated End Date: _____

COST AND VENDOR SELECTION

11. What efforts were made to obtain the best possible price for the requested goods or services?

Please describe any comparison of vendors, price quotes, rate negotiations, or other efforts made to ensure the cost is reasonable.

12. Will this purchase obligate Tacoma Public Schools to make future purchases from this vendor?

☐ Yes

☐ No

If yes, please provide a detailed explanation of the anticipated obligation or future commitment.

CERTIFICATION

I certify that the information provided in this questionnaire is accurate and complete to the best of my knowledge. I understand that submission of this questionnaire does not constitute approval of the requested purchase or service. All requests are subject to review and approval by Tacoma Public Schools in accordance with applicable federal requirements, district procedures, and available resources.

Private School Name:

Name of Authorized School Representative:

Title:

Signature:

Date: