

Sole Source Justification/Approval Form



INSTRUCTIONS FOR JUSTIFICATION FORM

1. Form to be used along with Departmental Purchase Requisition. It is used for the purchase of products/services that are only available from one source.
2. Preparation of the form:
 - a. Assign corresponding Departmental Purchase Requisition number.
 - b. Provide Estimated Price.
 - c. Provide name, manufacturer and model number of item being purchased or the services to be purchased.
 - d. Provide description of requested items or services.
 - e. Select reason for Sole Source purchase.
 - f. Indicate an explanation of the need for the sole-source (part/parts of the specifications which restrict the purchase to one product, manufacturer or provider).
 - g. Indicate the reason competing products or services are not satisfactory. Attach supporting documentation for the sole source justification.
 - h. Obtain appropriate authorized signatures.
 - i. Submit the form and supporting documentation to the Purchasing Office.

NOTE: Prior to committing a Purchase Order for the product or service, the justification must be reviewed and approved by the AVP for Procurement and Contract Services or his/her designee.

Sole Source Justification/Approval Form

REQ # _____

PO # _____

Complete this form when only one source is available for goods or services requested or when only one product will meet your needs. Respond to all questions that apply. The state requires that we obtain three bids when possible. Please complete and forward to the Purchasing Department. If more space is needed, please attach additional page(s).

PURCHASE INFORMATION

1. Provide Estimated Price.

2. Provide name, manufacturer, and model number of item being purchased or the services to be purchased.

3. Provide Description of requested items or services and their purpose(s). Add additional sheet if needed.

4. Reason(s) for requesting a sole source purchase:

- Original manufacturer or provider; no other local distributors exist.
- Only local distributor for the original manufacturer or provider.
- Only known item or service matching the requested needs or performing the intended task.
- Sole provider of a licensed or patented good or service.
- Sole provider of items compatible with existing equipment, inventory, systems, programs or services.
- Sole provider or factory-authorized warranty service.
- None of the above applies (Please attach a detailed explanation and justification for this sole source request.)

5. Explain why the product or service requested is the only one that can satisfy your requirements.

6. Identify other sources reviewed and why they are unacceptable. Be specific with regard to specifications. Attach additional pages if necessary.

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for a sole-source or proprietary purchase.

Print/Type Name

Print/Type Title

Department

Account Approver Signature

Date

Telephone Number

PURCHASING USE ONLY

Reviewed by: _____

Date: _____

Approved by: _____

Date: _____

Director, Procurement Services (or designee)