Sole Source Justification

SERVICES

PURPOSE:

Purchasing Regulations, in accordance with university policy, require that material, equipment, supplies and services be procured via competitive means. However, Purchasing can choose to waive the competitive process and approve sole source procurement provided the requester can adequately justify its use.

Purchasing’s decision on the reasonability of sole source procurement will be based on the requester’s investigation, evaluation and documentation of alternate sources of supply and that rejection of similar products is based solely on their failure to meet specific and necessary specifications. In cases where an alternate supplier for a similar product cannot be identified, the requester must document that a good faith effort has been made to seek other sources. A list of the unique technical specifications required of the product and the potential companies contacted in the search for alternate sources is also necessary. Purchasing may use this information in conducting its own market search.

*Sole source justification cannot be solely based on quality or price.*

Quality can be a subjective evaluation based on opinion. Procurement regulations require price considerations be evaluated via competitive bidding.

The decision whether the university can employ sole source procurement will be made by the Purchasing Department upon review of materials provided by the requesting department.

INSTRUCTIONS:

This form with one or more categories completed must be forwarded to Purchasing when sole source approval is requested for equipment and supplies exceeding $28,200. Purchases from contract vendors (i.e. State, and university buying agreements) are exempted.

☐ Please type or print (legibly).

☐ Complete all categories and sections that apply.

☐ Provide full explanation, complete descriptions, and/or list all relevant reasons where space has been provided. Sole Source Justification forms lacking sufficient detail cannot be approved.
To: Director of Purchasing: ____________________________

Date: ____________________________

From: ___________________________________________
Name of Principal Investigator, Department Head/Administrator

Subject: Sole Source Justification
Purchase Requisition #: ____________________________

Estimated Price: ____________________________

Proposed Vendor: ____________________________

Description: ____________________________

STATEMENT:

I am aware that university purchasing regulations require that we procure all materials, equipment, supplies and Technical/Consulting services via competitive means whenever practicable. However, I am requesting sole source procurement based on the following criteria. (Attach a copy of the University approved Consultant Contract):

I. The requested Service is an integral part and/or compatible with my ongoing research/project:

A. Firm/Individual Name: ____________________________

   Expertise in the area: ____________________________

   ____________________________________________

   ____________________________________________

   Years of Experience: ____________________________

B. References from other colleagues/Institutions where the same/similar type of service was provided:

   ____________________________________________

   ____________________________________________

   ____________________________________________

   ____________________________________________
II. The requested service is unique and is essential to my research/project there is no other firm/individual capable of performing this service.

Both A & B Portions of This Category Must Be Answered.

A. These capabilities are: ________________________________
   ________________________________
   ________________________________

B. I have contacted others identified below with similar capabilities. These capabilities are not acceptable because they are lacking in one or more of areas described in A above:

1. Firm/Individual: ________________________________
   Area of Specialty: ________________________________
   Contact/Phone Number: ________________________________
   Deficiency: ________________________________

2. Firm/Individual: ________________________________
   Area of Specialty: ________________________________
   Contact/Phone Number: ________________________________
   Deficiency: ________________________________

3. Firm/Individual: ________________________________
   Area of Specialty: ________________________________
   Contact/Phone Number: ________________________________
   Deficiency: ________________________________
III. The service is essential to my research. **Provide a thorough explanation in “Explain in detail” section.**

   Explain in detail: __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

IV. **Emergency Requirements** - Additional Documentation Summary (Please check the explanation which applies).

   - Immediate compliance with building codes and permits. ______
   - O.H.S. situation requiring immediate action. ______
   - Needed immediately for ongoing experimentation. ______
   - Other: (Explanation)

      __________________________________________________________

      __________________________________________________________

      __________________________________________________________

V. Other factors not addressed above which may assist in the sole source justification review process are:

      __________________________________________________________

      __________________________________________________________

      __________________________________________________________
AUTHORIZATION:

Full Name of Principal Investigator

Signature ___________________________ Date ______________

Full Name of Supervisor

Signature ___________________________ Date ______________

Full Name of Department Head/Administrator

Signature ___________________________ Date ______________

For Purchasing Use Only:

Reviewed By: ___________________________ Date: ______________

Notes: ______________________________________________________