

# Sole Source Justification

## **EQUIPMENT**

### **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 \$29,100. 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.

- ☐ Sign and date the form at the end.
- ☐ Improperly completed or unsigned forms may be returned.

**To:**           **Director of Purchasing:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_  
Name of Principal Investigator, Department Head/Administrator

**Subject:**   Sole Source Justification  
Purchase Requisition #: \_\_\_\_\_

Estimated Price: \_\_\_\_\_

Proposed Vendor: \_\_\_\_\_

Product Description: \_\_\_\_\_

**STATEMENT:**

I am aware that university purchasing regulations require that we procure all materials, equipment, and supplies via competitive means whenever practicable. However, I am requesting sole source procurement based on the following criteria. (Attach additional sheets as necessary):

I.     The requested product is an integral repair part or accessory compatible with existing equipment.

A.    Existing equipment: \_\_\_\_\_

Manufacturer/Model Number: \_\_\_\_\_

Age/Current Value: \_\_\_\_\_

B.    Requested Equipment/Accessory/Part: \_\_\_\_\_

Manufacturer/Model Number: \_\_\_\_\_

Explain relationship between current equipment and requested equipment:

\_\_\_\_\_  
\_\_\_\_\_

C. Please check all that apply

☐ **One of a Kind** (*item performs a function that no other piece of equipment on the market is capable of performing*). Explain: \_\_\_\_\_

☐ **Compatibility** (*item is the only type in the market that matches existing equipment*). Explain: \_\_\_\_\_

☐ **Design** (*physical design is the only one on the market that will fit requirements*). Explain: \_\_\_\_\_

II. The requested product has unique design/performance specifications which are essential to my research protocol or other needs and are not available in comparable products.

**BOTH A & B PORTIONS OF THIS CATEGORY MUST BE ANSWERED.**

A. These capabilities are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. In addition to the product requested, I have contacted other suppliers identified below and considered their product of similar capabilities. These products are not acceptable because they are lacking one or more of the technical specifications described in A above:

1. Vendor: \_\_\_\_\_

Product Description: \_\_\_\_\_

Vendor Contact/Phone Number: \_\_\_\_\_

Technical Deficiency: \_\_\_\_\_

2. Vendor: \_\_\_\_\_

Product Description: \_\_\_\_\_

Vendor Contact/Phone Number: \_\_\_\_\_

Technical Deficiency: \_\_\_\_\_

3. Vendor: \_\_\_\_\_

Product Description: \_\_\_\_\_

Vendor Contact/Phone Number: \_\_\_\_\_

Technical Deficiency: \_\_\_\_\_

III. The requested product is essential in maintaining experimental or administrative continuity. **Provide a thorough explanation in “Explain in detail” section.**

\_\_\_\_\_ Requested product is being used in continuing experiments;

\_\_\_\_\_ Other investigators have used this product in similar research and, for comparability of results, I require it;

\_\_\_\_\_ I have standardized the requested product; the use of another would require considerable time and money to evaluate.

Explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. The requested product is one with which I (or my staff) have specialized training and/or extensive experience. Retraining would incur substantial cost in money and/or item.

Manufacturer/Model of existing equipment: \_\_\_\_\_

\_\_\_\_\_

Age/Current Value: \_\_\_\_\_

Estimated hours/per person required to retrain: \_\_\_\_\_

Other factors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- V. Please consider sole source approval for this reason(s) (e.g., trade-in allowance; availability of service, parts, and maintenance; product is a prototype; responsibility for integrated system performance will be voided if other vendors are introduced, etc.): Attach any and all documentation supporting this request. Summarize this information below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- VI. **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. \_\_\_\_\_

-Replacement parts on equipment necessary for continuing research, construction, or operations. \_\_\_\_\_

-Other: (Explanation)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

VII. Has surplus equipment been considered as an alternative to this purchase?

☐ Yes ☐ No.

VIII. 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/Administrator

\_\_\_\_\_  
Date

**For Purchasing Use Only:**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_