



REQUEST FOR SOLE SOURCE APPROVAL

To: Purchasing Department PRK 250

From: _____ / _____
Name of Requestor Dept./College

Subject: Sole Source Request for the Purchase Of: _____

Requested Supplier: _____

Supplier ID Number: _____ Cost Estimate: _____

Sole source purchases are those which are limited to a single source of supply and involve special facilities, services, or market conditions. Sole source purchases are normally not allowed except when based upon technological grounds such as operational compatibility with existing equipment, reliance on an existing stock of parts or service agreements, or reliance upon a unique and cost effective feature or functionality. The use of sole source purchases shall be limited only to those specific instances.

STATEMENT OF NEED: My department's recommendation for sole source is based upon an objective review of the product/service required and is in the best interest of the University. I know of no conflict of interest on my or any other individual's part, nor do I have any personal involvement in any way with the supplier(s) involved.

Please forward a completed Sole Source Justification Form to Purchasing.

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| <p>Requestor</p> <p>_____/_____ <small>Signature of Requestor Date</small></p> | <p>Department Head/Chair</p> <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected </p> <p>_____/_____ <small>Signature of Dept. Head/Chair Date</small></p> |
|---|---|

If Purchase is between \$10,000 and \$150,000:

If Purchase \$150,000 or more:

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| <p>Director of Purchasing</p> <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected </p> <p>_____/_____ <small>Signature Date</small></p> |
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| <p>Associate VP of Finance & Administration</p> <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected </p> <p>_____/_____ <small>Signature Date</small></p> |
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SOLE SOURCE JUSTIFICATION

Requisition Number: _____

Prior Order Information (if based on compatibility with previous purchases): PO# _____

Vendor: _____ Approx Date: _____

1. Please describe the item and its function:

2. This is a sole source* because:
 - Sole provider of a licensed or patented good or service
 - Sole provider of items that are compatible with existing equipment, inventory, systems, programs, or services
 - Sole provider of goods and services for which the University has established a standard**
 - Sole provider of factory-authorized warranty service
 - Sole provider of goods or services that will meet the specialized needs of the University or perform the intended function (please detail below or in an attachment)
 - The vendor/distributor is a holder of a used item that would represent good value and is advantageous to the University (please attach information on cost of new vs. used price, appraisal of value, availability, etc.)
 - Other; please specify:

3. What necessary features does this vendor provide which are not available from other vendors?
Please be specific.

4. What steps were taken to verify that these features are not available elsewhere?
 - Other vendors were contacted (please list vendor name, phone number(s) and person(s) contacted, and explain why these were not suitable).

*Sole Source: only one vendor possesses the unique and singularly available capability to meet the requirement of the solicitation.

**Procurements of items for which the University has established a standard by designating a brand or manufacturer or by pre-approving via testing shall be competitively bid if there is more than one vendor of the item.