# Sole-Source Justification Form

Award/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Requisition (PR) Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value of the Procurement in US$: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Requesting office must make a reasonable effort to obtain at least three bids for a procurement valued at US $5,000 or higher. Acceptable reasons for sole-sourcing are:

* The supplier is absolutely the only source of the required goods or services.
* Services, requirements, or product specifications can be met by only one vendor.
* Compatibility or standardization of existing supplies or systems is necessary and justified. This includes technical requirements.
* Other suppliers did not respond to the solicitation, despite a good-faith publicity effort.

**Products’ names and description of sole-sourcing:**

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**Select at least one of the following options (A-F) when determining sole-source justification.**

# The requested product/service has unique performance features that are essential to my project (e.g., research protocol) or other needs as described. Only one product meets these requirements. These features are:

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| --- |
|  |

# In addition to the product/service requested, I have contacted other suppliers and considered their product/service of similar capabilities. I find their product/service unacceptable for the following reasons:

|  |  |  |
| --- | --- | --- |
| **Company Contacted** | **Product/Services****(ex. Equipment Model Number)** | **Technical Deficiency/****Other Comments** |
|  |  |  |
|  |  |  |
|  |  |  |

# The requested product/service is essential in maintaining consistency of program/experimental design.

Requested product is being used in continuing experiment(s) and program activities.

\_\_\_\_\_

Other investigators have used this product in similar research and for comparability of results, I require the exact same product(s).

\_\_\_\_\_

# Explain:

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| --- |
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# The requested product/service, part, or accessory is an integral repair part or accessory compatible with existing equipment. Provide the manufacturer and model number of the existing equipment:

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| --- |
|  |

# I am requesting sole-source approval as only this source exists to provide required repair/maintenance parts, service, routine and/or emergency services. Explain:

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|  |

# Other (such as consultant services where the consultant is uniquely qualified). Explain:

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By signing this document, I confirm that I have no conflict of interest with a person, vendor, supplier, consultant, or other business that is being sourced for this procurement.

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_