



# SOLE SOURCE JUSTIFICATION

Purpose: You must complete this form for purchases where the basis for the vendor selection is:

1. There is only one *specific* supply or service that can reasonably meet your need
2. There is only one vendor who can reasonably provide that supply or service.

You MUST meet BOTH criteria to have a sole source procurement.

You MUST meet criteria #1 to have a *brand name* sole source procurement.

Requesting Department: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Before a decision can be made to approve your request for Sole Source purchase, the following information is needed. Please provide all of the requested information on this form and submit it to the Purchasing Department.

Note: A sole source justification cannot be based on price alone.

Vendor Name: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Check one:  This is a recurring purchase from \_\_\_\_\_ to \_\_\_\_\_ (cannot exceed 1 yr); OR  This is a one-time purchase for this product or service.

Note: If additional space is required, use additional sheets of paper and submit with this completed form.

## 1. NEEDS STATEMENT

Describe in detail the product and/or service to be purchased and how they meet your needs.

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## 2. FEATURES REQUIREMENTS

What unique design/performance features does this product/service have that are essential to your requirements? Please provide a brief, yet technical, explanation as to why these features are essential. Provide the manufacturer and model of your existing equipment. List the major features/capabilities of the product/service that are required:

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3. COMPETING BRANDS INVESTIGATED

What other suppliers did you contact? Did you consider other products or services with similar capabilities? Indicate the specific brands/models of competitors' products that were investigated and describe why, specifically, they did not meet some, or all, of the FEATURES REQUIREMENTS listed on Item #2. Requestor needs to state that to the best of his/her knowledge, these are the only companies that make this type of equipment. Please list sales representatives and telephone numbers so we may contact these vendors to verify that other products do not meet your needs.

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4. BRAND NAME SOLE SOURCE

Is the specific brand/model of product being recommended for purchase available from more than one source (i.e., dealers, distributors)?

Yes       No

If "Yes", this will be processed as a brand name sole source. Please provide the company names of known sources:

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5. CONFLICT OF INTEREST STATEMENT

The Department agrees that there is no real or potential Conflict of Interest in recommending this product and/or service as a Sole Source procurement.

Department Approval:

By signing below, the Department is certifying that the information submitted on this form is accurate. The final determination of sole source of brand name sole source will be made by the Purchasing Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

President Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date