Sole Source Justification Form

Date:		Requisition Number:		
Department:		Department Head:		
State Relevance Of Purchase To Your Mission, Purpose, Research or Study:				
2. Identify Item	s Or Services To Be Approved For Sole Sour	ce Treatment:		
Name Of Manufacturer Of Item(s) (if applicable):				
4. Name of Single Source Supplier:				
Mailing Address:				
Phone Number:				
Fax Number:				
Web Site Address (if available):				
	nber(s) of Equipment:			
6 SOLE S	OURCE CONSIDERATIONS - (Mark The One Tha	at Best Qualifies)		
A. []	Exclusive Rights Item or service under patent functions or capabilities critical to use. (Complete	or copyright held by a single vendor and item or service possesses Sections 7 & 8 and attach patent/copyright info)		
В. [Exclusive Design Item or service possesses a and not available from any other sources. (Comple	unique function or capability critical in the use of the item or service set Sections 7 $\&$ 8)		
С. [Replacement Equipment The purchase is compatibility is essential for integrity of results. (Co	for equipment associated with use of existing equipment where emplete Sections 5, 7 & 8)		
D. [·	eplacement parts needed for repair of existing equipment where nufacturer is paramount. (Complete Sections 5 & 7)		
E. []		r accessories sought for enhancement of existing equipment where ufacturer is paramount. (Complete Section 5, 7 $\&8)$		
F. 🔲	Technical Service The purchase is for technic equipment of a highly technical or specialized nature	al services associated with the assembly, installation or servicing of ire. (Provide detail in Section 8)		
G. [service or work required, but not known to be have been needed and it is not feasible or practicable to contract separately for the		
н. []	Other (Complete Sections 7 & 8)			

	FOR PROFESSIONAL, PERSONAL, CONSULTING and SOCIAL SERVICES	CONTRACTS ONLY:	
ı. 🇀	Federal or state grant names vendor as condition of funding. (Attach	copy of grant that names vendor)	
J. [Vendor is specifically designated by state appropriation. (Attach page	from appropriation)	
7.	SOLE SOURCE DISTRIBUTION - (Mark One That Qualifies)		
A. [The item or service is manufactured, produced or developed by entity service, and entity solely transacts (sells) direct to the customer. (The		
В. 🔲	The item or service is manufactured or produced by entity, or entity entity does not sell direct to the customer. Entity solely distributes distributor in the world, United States, region, Texas or identified mark	the item or service through only one dealer of	
	Note: If item or service available from more than one source, the item must be competitively solicited from multiple (two or more) sources.	or service may be treated as proprietary, but	
	ATTACH SIGNED LETTER OR EMAIL FROM MANUFACTURER, PINCLUDE STATEMENT ON FIRM PRICE QUOTATION SUBSTANT		
8.	DETAILED JUSTIFICATION FOR NO COMPETITION. (Please Be Precise In	Explanation)	
9.	FIRM PRICE QUOTATION	as product/o) or conjec/o) identified in costion 2	
	Attach firm price quotation from sole source or sole dealer/distributor pricing the Quoted prices shall be firm for 30 days and inclusive of all costs including transport of the costs in	1 ()	
10.	I hereby declare the information provided herein to be true and accurate to the	reby declare the information provided herein to be true and accurate to the best of my knowledge. I understand any false eading information may be considered a violation and can subject me to BCM Human Resources Policies and Procedure	
Name _	Print	Date	
	Print		
Title or	Rank		
Email A	Address		
Talanho	ione Number Fax Number		

ATTACH TO REQUISITION AND ROUTE TO DIRECTOR, DEPARTMENT HEAD, OR AUTHORIZED DESIGNEE FOR APPROVAL(S). NOTE: THE DEPARTMENT AUTHORITY'S REVIEW AND CONCURRENCE WITH THIS JUSTIFICATION, AND DECLARATION UNDER No. 10 ABOVE, IS SERVED BY APPROVING THE REQUISITION.