

Sole Source Justification Form

Date:	Requisition Number:
Department:	Department Head:
1. State Relevance Of Purchase To Your Mission, Purpose, Research or Study:	
2. Identify Items Or Services To Be Approved For Sole Source Treatment:	
3. 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):	
5. If Purchase Related To Compatibility With Existing Equipment, Then Identify The Item(s) And Applicable Asset Tag Number(s) of Equipment:	

6. SOLE SOURCE CONSIDERATIONS - (MUST BE COMPLETED. Mark The One That Best Qualifies)

Note: DO NOT USE THIS FORM if an item or service is available from more than one source. If more than once source is available, please provide support of competitive solicitation (3 or more quotes) instead of this form.

NO SUBSTITUTIONS, NO ALTERNATES, NO EQUIVALENTS

Select a Justification below:

MUST attach required support if noted below:

Competition is determined to be inadequate - public exigency or emergency (e.g. pandemic, hurricane) or product or service is available from more than one source, but may not be feasible, practical or cost-effective to seek competitive pricing.	Support of determination process that documents public exigency or emergency (e.g. pandemic, hurricane).
Competition is determined to be inadequate, after solicitation of a number of sources- product or service is available from more than one source, but may not be feasible, practical or cost-effective to seek competitive pricing.	Support of determination process that documents inadequate competition due to feasibility such as time or cost-effectiveness. Also, complete competitive procurement section above.

	Expressly authorized- by awarding agency or pass thru entity (Federal/State/Private) in grant/ award/contract/agreement.	Copy of grant/appropriation highlighting requirement and expressed name of supplier specifically designated as a condition of funding or state appropriation.
	Single Source- Item is licensed/ patented, one-of-a-kind/ unique w/ exclusive rights/design, or there is a sole distributor/ -Goods/services can be obtained from only one supplier/dealer/distributor because the item/service is manufactured, produced, or developed by that entity.	Attach patent/copyright info- supplier letter Note: If an item or service is available from more than one source, the item or service may be treated as proprietary but must be competitively solicited from multiple (two or more) sources.
	Additions for Continuation of Prior Work (Single Source) -Re-order for same/continuing project and based on previous competitive quotes. (Within same year of prior PO for same project.)	Attach copy of the previous quotes and any additional Single Source support. Provide prior PO and explain. After 1 year the requester should attempt/seek competition.
	Compatibility (Single Source) -Equipment /Parts/ Accessories/ Technical Services or other, such as installation or maintenance, warranty, replacement, or additional components that must match existing piece of equipment available only from the same source of original equipment, of a highly technical/ specialized nature.	Provide explanation of services/items required and why another supplier cannot be used. Provide documentation from supplier supporting that no other supplier can supply this and any additional Single Source support.

7. Please provide detailed and factual justification for no competition:

STATEMENT OF NEED AND CERTIFICATION:

The recommendation for this purchase is based upon an objective review of the product/service required and appears to be in the best interest of BCM. I know of no conflict of interest on my part or personal involvement in any way with this request. No gratuities, favors, or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on the request of this purchase when there are other known suppliers to exist.

Signature: _____,

Principal Investigator

Date: _____

Department Administrator

ATTACH THIS FORM 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 HERE IN, IS SERVED BY APPROVING THE REQUISITION.