## **Request for Sole Source**

## **PURPOSE:**

This form must accompany requests for the sole source procurement of goods, services or construction (purchases from price lists excepted). The purpose of sole source justification is to show that competitive procurement is impractical because only one product or service can meet a specific need and that one product or service is available from only one source. Therefore, an equitable evaluation of comparable products or services must be made and documented by the requestor which shows that rejection of other products or services is based solely on their failure to meet that need. In cases where no other comparable source can be identified, a technical description of the product or service requested and a listing of those companies which were considered as alternate sources must be provided. Sole source justification cannot be based on quality or price because quality can be a subjective evaluation based on opinion and price considerations should be evaluated via competitive quotations.

## **INSTRUCTIONS:**

- 1) Type this form.
- 2) Complete all sections.
- 3) Provide full explanations, complete descriptions, and/or list all relevant reasons as requested.
- 4) Sign and date the form.
- 5) Improperly completed, and/or unsigned forms may be returned to the sender.
- 6) Reference Administrative Procedure (AP) 8.255 (goods and services) or 8.281 (construction).

То:			Date:		
		Name of Fiscal Administrator			
From:		Name of Principal Investigator, Department Head, Administrator	Telephone No.:		
_		Name of Principal Investigator, Department Head, Administrator			
Dep	artment:				
Contractor:					
Subject:		Sole Source Justification (AP 8.255 or AP 8.281)			
		Description			
Amount					
		Prior Sole Source Reference No.(s), if any:			
Stat	ement:				
Sole Source procurement is provided for in AP 8.255 (goods and services) and AP 8.281 (construction), when there is one source for the required goods, services or construction. I am requesting sole source procurement based on following criteria. (Attach additional sheets as necessary):					
<ol> <li>The requested goods, services or construction have unique or special design/performance features, charactericapabilities which are essential and required in order to accomplish my objective. Both A and B portions category must be answered.</li> </ol>					
	A. These features and reasons why each is essential to my needs are:				

product o	n to the goods, services or construction reque r service of similar capabilities. I find their ompanies contacted, model number, if applica	product or service unacceptable	e for the following reasons
		·	
II. If sole source a	approval is deferred or denied, it will have the	following impact on the program	/project:
III. The requested	product or service is available <b>only</b> from:		
Certification:			
I certify that the info	rmation provided herein is true and correct to	the best of my knowledge.	
Full Name of Principal Inv	vestigator, Department Head, or Administrator	Signature	Date
APPROVED:			
Full Name of Fiscal Admi	nistrator	Signature	Date
Full Name of Vice Presid	ent or Chancellor (if applicable)	Signature	Date
APPROVED □	DISAPPROVED		
Director, Office of Procur Facilities Contract Manag	ement Management, or ger, Facilities Business Office (if applicable)		Date
APPROVED □	DISAPPROVED		
Procident University of h	Love " (f constructed)		
Procedont University of L	HOWAU (It applicable)		Data