
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 A8.255.

To: _____ Date: _____
Name of Fiscal Officer

From: _____ Telephone No.: _____
Name of Principal Investigator, Department Head,
Administrator

Dept.: _____

Contractor: _____

Subject: Sole Source Justification (APM, Section A8.255)

Description _____

Amount _____

Prior Sole Source Reference No.(s), if any: _____

Statement:

Sole Source procurement is provided for in APM, Section A8.255, when there is only one source for the required goods, services or construction. I am requesting sole source procurement based on the following criteria. (Attach additional sheets as necessary):

- I. The requested goods, services or construction have unique or special design/performance features, characteristics or capabilities which are essential and required in order to accomplish my objective. **Both A and B portions of this category must be answered.**

A. These features and reasons why each is essential to my needs are:

B. In addition to the goods, services or construction requested, I have contacted other suppliers and considered their product or service of similar capabilities. I find their product or service unacceptable for the following reasons (identify companies contacted, model number, if applicable, and specific technical deficiency):

II. If sole source approval is deferred or denied, it will have the following impact on the program/project:

III. The requested product or service is available **only** from:

Certification:

I certify that the information provided herein is true and correct to the best of my knowledge.

Full Name of Principal Investigator, Department Head, or Administrator

Signature

Date

APPROVED:

Full Name of Fiscal Officer

Signature

Date

Full Name of Vice President or Chancellor (if applicable)

Signature

Date

APPROVED / DISAPPROVED:

Director, Office of Procurement and Real Property Management (if applicable)

Date

APPROVED / DISAPPROVED:

President, University of Hawai'i (if applicable)

Date