SOLE SOURCE JUSTIFICATION

PURPOSE: This form with one or more categories completed must accompany sole source procurement of equipment or supplies exceeding $4,000 (purchases from price lists excepted). The purpose of the sole source justification is to show that competitive bidding is impractical because only one product can meet a specific need and that one product is only available from one source. Therefore, an equitable valuation of comparable products must be made and documented by the requestor which shows that rejection of other products 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 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. Quality can be a subjective evaluation based on opinion. Public procurement law requires price considerations be evaluated via competitive bidding.

INSTRUCTIONS:
1. Please type or print legibly.
2. Complete all categories and sections that apply.
3. Provide full explanations, complete descriptions, and/or list all relevant reasons where space has been provided. Sole Source Justification forms lacking sufficient detail cannot be approved.
4. Sign and date the form.
5. Improperly completed, and/or unsigned forms may be returned to the sender.

To: DUO / Fiscal Officer
Date: ___________________

From: ________________________________________
Tel No.:___________________

Name of Principal Investigator, Department Head or Administrator

Department: _________________________________________________________________

Subject: Sole Source Justification

Description: _________________________________________________________________

Amount (attach written quotation) _____________________________________________

STATEMENT:

I request sole source procurement based on the following criteria. (Attach additional sheets as necessary).

I. The requested product is an integral repair part or accessory compatible with existing equipment. (Please state the manufacturer and model number of existing equipment).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

II. The requested product has special design/ performance features which are essential to my research protocol or other needs. (Both A and B portions below must be completed).

A. These features and reasons why each is essential to the user’s need are:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
B. In addition to the product requested, I have contacted other suppliers and considered their product of similar capabilities. I find their product unacceptable for the following reasons. (Identify companies contacted, model number and specific technical deficiency.)

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

III. The requested product is essential in maintaining experimental or administrative continuity.

____ Requested product is being used in continuing experiments.
____ Other investigators have used this product in similar research; and for comparability of results, I require it.
____ I have standardized on the requested product; the use of another would require considerable time and money to evaluate.

Explanation: ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

IV. The requested product is one which I or my staff have specialized training and/or extensive experience. Retraining would incur substantial cost in money and/or time.

Explanation: ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

V. If sole source approval is denied, it will hav the following impact on the program/project:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

VI. The requested product is only available from ________________________________

CERTIFICATION:
*I certify that the information provided above is true and correct to the best of my knowledge.*

____________________________________________________________________________
Full Name of Principal Investigator, Department Head or Administrator

Signature Date

APPROVED/ DISAPPROVED:

____________________________________________________________________________
DUO / Fiscal Officer Date