**SOLE SOURCE JUSTIFICATION**

Purpose: Public procurement law requires that price considerations be evaluated via competitive quotations. The Sole Source Justification form is to show that competitive procurement cannot be accomplished, because only one good or service can meet a specific, essential need, and that one good or service is only available from a single source. Therefore, an equitable valuation of comparable goods or services must be made and documented by the requestor. The documentation shows that rejection of other goods or services is based solely on their failure to meet that specific, essential need. In cases where no other comparable source can be identified, a technical description of the good 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.

Instructions:

1. Complete all sections. *See* [Sample Sole Source Justifications](http://help.rcuh.com/@api/deki/files/1099/=Attachment_58_Sample_Sole_Source_Justifications.pdf).

2. Provide full explanations and complete descriptions. A Sole Source Justification form that lacks sufficient detail cannot be approved.

3. Sign and date the form.

*An improperly completed and/or unsigned form may be returned to the sender.*

To: Date:

Name of Designated University Official or Fiscal Administrator

From: Name of Principal Investigator, Department Head, or Administrator Telephone Number:

Department:

Subject: Sole Source Justification

Contractor/Subcontractor/Vendor:

Description:

Amount (attach written quotation): Purchase Order Number:

Prior Sole Source Reference Numbers, if any:

STATEMENT:

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

I. The requested goods or services have unique or special design/performance features, characteristics, or capabilities, which are essential and required in order to accomplish my objective. **Complete IA and IB.**

A. These are the unique or special features and the reasons why each is essential to my need:

B. In addition to the goods or services requested, I have contacted other suppliers and considered their good or service of similar capabilities. I find their good 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 good or service is available **only** 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

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Signature Date:

APPROVED:

Full Name of DUO / Fiscal Administrator

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Signature Date: