This form is to be used by the departments to document sole source purchase requests, in an effort to validate that purchases are being made in compliance with the College policy and procedures. Complete the following sections for all sole source justifications.

|  |  |
| --- | --- |
| Description of goods/services: |  |
| Suggested source of purchase: |  |
| Dollar amount (attach any written quotation): |  |

1. A sole source purchase is available from only one source and must meet at least one of the following criteria:

\_\_ **One-of-a-kind:** the good or service has no competitive product alternatives on the market because of the existence of a patent, copyright, secret process, or monopoly.

\_\_**Compatibility:** the good or services must match existing brand or equipment for compatibility.

\_\_ **Replacement part**: the good is a replacement part for a specific brand of existing equipment.

\_\_ **Research continuity**: the good or service is needed to maintain research continuity.

\_\_ **College standards**: the good or service must comply with established College standards.

\_\_ **Unique design**: the good or service must meet physical design or quality requirements.

1. Briefly explain how your purchase of goods or services meets one or more of the above criteria for a valid sole source request.
2. List the specific features or specific performance specifications or parameters that make this product or service unique or proprietary, and indicate specifically why these unique features are indispensable to your research or operations.
3. List other suppliers generally believed to offer the same or very similar product or service. Indicate if they were contacted for a description and/o price of their product or service. If they were not contacted, indicate why they were omitted. Indicate specifically why their product or services is judge to be not satisfactory (Attach any quotes/proposals received from other sources, if applicable):

I certify that to the best of my knowledge the above justification is accurate.

Signature: Date:

Print Name:

Department: