**Sole Source Justification**

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| **General Information** | Date: |
| Department: | Phone No.: |
| Contact Name: | Email: |

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| **Vendor Information** | Requisition No.: |
| Name: | Purchase Order No.: |
| Address: | Contract No.: |

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| **Description.** Please provide a description of the goods or services required, the duration or frequency of the requirement, and the location where the services or goods will be delivered. Please also identify the annual cost of this good or service. |
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| **Type.** Please select one of the options and explain below. |
| □ Single Source □ Proprietary/Copyright Restrictions □ Equipment Compatibility  □ Patented Product □ Exclusive or Unique Capability Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Explanation:** Why is this product or service the only one that would satisfy the requirement(s)? |

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| **Due Diligence.** Describe the due diligence performed that led to the conclusion that this is a sole source. |
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| **Department Recommendation** | |
| Requestor: | Date: |
| Department Director: | Date: |

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| **Chief Procurement Officer’s Approval** | |
| Signature: | Date: |