

REQUEST FOR SOLE SOURCE PURCHASE

(For Noncompetitive Purchases over \$5000)

The competitive bidding process is the foundation of government purchasing. In rare situations though, due to the unique nature of some goods and services, competition may not be possible. It is the responsibility of the Purchasing Office to determine if a proprietary designation can be applied.

In order to make this determination, the Purchasing Buyer must understand the unique characteristic(s) of the good or service. This form is designed to assist faculty and staff in communicating the required information to Purchasing.

Please answer the questions below as completely as possible. Additional pages may be attached, if more space or additional documentation is needed. Requests should be typed.

GENERAL INFORMATION

| | |
|--------------------------|----|
| Today's Date: | |
| Document ID #: | |
| Estimated Dollar Amount: | \$ |
| Requesting Department: | |

UT CONTACT INFORMATION (Person to contact if Purchasing has questions on this order)

| | |
|----------------|--|
| Name: | |
| Campus Phone: | |
| Email Address: | |

VENDOR INFORMATION

| | | | |
|-----------------|------------------|--------------|-------------|
| Vendor Name: | | | |
| Vendor Contact: | | | |
| Phone: | | | |
| Fax: | | | |
| Email Address: | | | |
| Vendor Type: | Service Provider | Manufacturer | Distributor |

GOODS/SERVICES INFORMATION

| | | |
|---|----------------------------------|-------------------------------|
| <p>PRODUCT MAKE/MODEL (If applicable)</p> | | |
| <p>SPECIAL USE REQUIREMENTS (equipment only)</p> <p><i>To be compatible with existing equipment:</i></p> <p><i>For the repair, maintenance or modification of existing equipment:</i></p> <p><i>For use as spare or replacement equipment:</i></p> | <p>YES</p> <p>YES</p> <p>YES</p> | <p>NO</p> <p>NO</p> <p>NO</p> |
| <p>DESCRIPTION OF REQUEST</p> <p><i>Describe in detail the good or service to be procured and how it meets your needs. Include a brief description of project for which the good or service will be used.</i></p> | | |
| <p>UNIQUE FEATURES</p> <p><i>List the specific feature(s) or characteristic(s) that are <u>required</u> which are unique to the good or service. Describe the importance of the unique feature(s) as it applies to the intended use and project goals.</i></p> | | |
| <p>EVALUATION OF OTHER SOURCES</p> <p><i>Identify other sources that were evaluated (including the names, manufacturers, model numbers, etc.) and the reason they were found to be unsatisfactory for the intended use or in meeting project goals. (Attach copies of any quotes collected from other vendors)</i></p> | | |
| <p>RISK ELEMENTS</p> <p><i>Describe any substantial risks that could not be overcome if the product or service was procured from another vendor.</i></p> | | |

CONFLICT OF INTEREST STATEMENT

I, _____, the undersigned, hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein. I am acting on my own accord and am not acting under duress. I am not currently employed by, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with this vendor in return for favorable consideration of this request.

Signature of Primary User: _____ Date: _____

DEPARTMENT APPROVAL – Dean/Chair/Business Officer

By signing below, the department certifies that the information submitted on this form is true and correct. The final determination of sole source approval shall be made by the Purchasing Office.

Signature: _____ Date: _____
(Dean / Department Head / Business Officer)

PROCUREMENT APPROVAL – TO BE FILLED OUT BY THE PURCHASING OFFICE

DETERMINATION:

Approved

Not Approved

Rational for determination/comments:

Buyer Signature: _____ *Date:* _____

Procurement Management Signature: _____ *Date:* _____