

Sole/Single Source Request Form

This form must accompany purchase requisitions for the sole/single source procurement of equipment, construction, supplies or services when the purchase will exceed \$50,000. (However, this justification is not needed when buying from University contracts.) The purpose of this sole/single source justification is to show that a competitive procurement is impractical because only one product or service can meet the specific need. It is not to be utilized to circumvent normal purchasing procedure, nor for a price-based justification. Acceptance of this request will be at the discretion of the Purchasing Department.

Statement

I am aware that Indiana University and Federal procurement regulations require procurements to be done competitively whenever practicable. I am requesting a sole/single source procurement based on the following criteria. The following statements are complete and accurate, based on my professional judgement and investigations. I also certify that no personal advantage, gain or privilege has (or will) accrue to my immediate family or myself through the purchase from this supplier, nor is a family member employed by or an officer of this supplier.

Printed name: _____

Signature: _____

Date: _____ Phone: _____ E-mail: _____

Account #: _____ Federal funds used? Yes/No

Estimate of total cost: _____

Supplier Requested: _____

Supplier Address: _____

If this purchase is being made through a federally sponsored research project, has the granting agency approved this purchase as a sole/single source? If so, include documentation.

1. The requested product/service has unique performance features that are essential to my research protocol or other needs as described. Only one product meets these requirements.

- a. These features are:

- b. In addition to the product/service requested, I have contacted other suppliers and considered their product/service of similar capabilities. I find their product/service unacceptable for the following reasons:

<u>Company</u>	<u>Product Model No.</u>	<u>Technical Deficiencies/Comments</u>
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2. The requested product/service is essential in maintaining consistency of experimental design.

_____ Requested product is being used in continuing experiment(s);

_____ Other investigators have used this product in similar research and for comparability of results, I require the exact same product.

Explain:

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

4. Sole/single source approval is needed as only one source exists to provide required repair/maintenance parts, service, routine and emergency services. Explain:

5. Other (Such as consultant services where the consultant is uniquely qualified, please explain):

NOTE: If you need additional space or supplemental documentation, please attach.

For Purchasing Use Only...

Purchasing Category Manager Signature _____ Date: _____

Team Director Signature (required over \$250,000) _____ Date: _____

Exec. Director Signature (required over \$1,000,000) _____ Date: _____