## SOLE SOURCE JUSTIFICATION

Pursuant to Section 41-16-51 of the Alabama Code, the University must procure all material, equipment, supplies and services via competitive means whenever practicable. However, Purchasing may waive the competitive process and approve sole source procurement provided the requestor can adequately justify its use. Purchasing judges the reasonability of sole source procurement based on the requestor's investigation, evaluation and documentation of alternate sources of supply and that rejection of similar products is based solely on their failure to meet specific and necessary specifications. In cases where an alternate supplier for a similar product cannot be identified, the requestor must document that a good faith effort has been made in seeking other sources. A listing of the unique technical specifications required of the product and the potential companies that were contacted in the search for alternate sources is necessary. Purchasing may use this information in companies conducting its own market search. Sole source justification cannot be based on quality or price. Quality can be a subjective evaluation based on opinion. Public procurement law requires price considerations be evaluated via competitive bidding.

## **INSTRUCTIONS:**

This form with one or more categories completed must accompany a purchase requisition when sole source approval is requested for equipment and supplies exceeding \$7,500.00

- 1. Please type or print legibly.
- 2. Complete all categories and sections that apply.
- 3. Provide full explanation, complete descriptions, and/or list all revelant reasons where space had been provided. Sole Source Justification forms lacking sufficient detail can not be approved.
- 4. Sign and date the form at the end.
- 5. Improperly completed or unsigned forms may be returned.

## STATEMENT:

I am aware that Section 41-16-51 of the Alabama code mandates that the University procure all material, equipment, and supplies via competitive means whenever practicable. However, I am requesting sole source procurement based on the following criteria. (Attach additional sheets as necessary):

From:		Date:	
Purchase Requisition #	Proposed Vendor:		Estimated Price:
Product Description	1 - A   Marie Age   1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	in a second	
The requested product is an int	egral repair part or accessory	compatible with existing eq	uipment.
A. Existing Equipment	STOR SECTION		
Manufacture/Model Number:		Age/Current Value	
Estimated remaining life span:			
B. Requested Equipment/Accessor	ory / Part:		
Manufacturer/Model Number:			
Explain relationship between curre	nt Equipment and requested equ	nipment:	

2. The requested product has unique design/performances specifications which are essential to my research protocol or other needs and are not available in comparable products.

## BOTH A & B PORTIONS OF THIS CATEGORY MUST BE ANSWERED

A. These capabilities are:		
B. In addition to the product requested, I ha These products are not acceptable beca	ve contracted other suppuse they are lacking one	liers identified below and considered their product of similar capabili or more of the technical specifications described in A above.
Vendor:	Contract	/Phone#
Product Description:		
Technical Deficiency:		
		or administrative continuity. Provide thorough explanation in "Explai
Requested product is being used	in continuing experimen	ts.
Other investigators have used this	s product in similar resea	arch and, for comparability of results, I require it.
	= 1	her would require considerable time and money to evaluate.
		Age/Current Value
Estimated hours/person required to retain:_		Other factors:
5. Please consider sole source approval for a prototype; etc.): Attach all documentation		e-in allowance; availability of service, parts, and maintenance; productest. Summarize this information below:
6. Do you have an actual or potential confli	ct or interest in the purch	hase request: ()yes () no. If yes, please explain on attached sheet.
	AUTHO	PRIZATION:
	Date:	
Full Name of Principle Investigator (Print or Type)		Signature
	Date:	
Department Head/Administrator (Print or Type)		Signature