

## **SOLE SOURCE JUSTIFICATION FORM**

Sole source purchases are goods and services available from only one supplier. Purchases for items that cannot be procured through the competitive bidding process because of the existence of a single source of supply or because of a proprietary product must be documented as to why the item(s) is considered sole source. Failure to justify a sole source purchase through documentation is a violation of the "Financial Act of 1981".

**Description of items, its function and cost estimate (use back of form if needed) \$** \_\_\_\_\_

**This is a sole source vendor because:**

- \_\_\_\_\_ Sole Provider of a licensed or patented good or service.
- \_\_\_\_\_ Sole provider of items that are repair parts of or upgrades to existing equipment, systems.
- \_\_\_\_\_ Sole provider of factory-authorized warranty service.
- \_\_\_\_\_ Sole provider of unique equipment or products not offered by others. (complete section below)

**What steps were taken to verify that these features are not available elsewhere?**

- \_\_\_\_\_ Other brands/manufacturers were examined (List specific company names, phone numbers & contact names, and explain why those were not suitable)
  
- \_\_\_\_\_ Other vendors were contacted (List specific company names, phone numbers & contact names, and explain why those were not suitable)
  
- \_\_\_\_\_ What specific feature(s) makes this item unique and why is this feature needed for your project? (Use back of form if needed)

**The suggested vendor must provide a letter on their company letterhead stating the reasons that the item(s) is sole source. Attach to this form.**

Suggested Vendor: \_\_\_\_\_

Department: \_\_\_\_\_ Contact: \_\_\_\_\_

**My department's recommendation for sole source is based upon an objective review of the good/service being required and appears to be in the best interest of the County.**

\_\_\_\_\_  
Department Head's Signature Date

\_\_\_\_\_  
Purchasing Agent's Approval Date