

SDUSD SOLE SOURCE JUSTIFICATION FORM

INSTRUCTIONS: Complete this entire form, **including BOTH SECTIONS I and II** for all sole source purchases. Send the form to the appropriate Strategic Sourcing & Contracts (SS&C) contact by e-mail.

NOTE:

1. Price is never a basis for a sole source request.
2. Supporting documentation must accompany this form.

Requisition#: _____

Commodity/service being purchased: _____ Proposed purchase price: \$ _____

Requested supplier: _____

Requested by: _____ Department: _____

Date: _____ Sole source justification prepared by: _____

I. SOLE SOURCE JUSTIFICATION

1. A **Sole Source Purchase** is available from only one supplier and meets at least one of the following criteria (please check the appropriate boxes):

- | | |
|---|---|
| <input type="checkbox"/> One-of-a kind | The commodity or service has no competitive product alternatives on the market. |
| <input type="checkbox"/> Compatibility | The commodity or service matches existing brand of equipment for compatibility. |
| <input type="checkbox"/> Replacement part | The commodity is a replacement part for a specific brand of existing equipment. |
| <input type="checkbox"/> Operating continuity | The commodity or service is needed to maintain operating continuity. |
| <input type="checkbox"/> District standard | The commodity or service complies with established District standards. |
| <input type="checkbox"/> Unique design | The commodity or service meets physical design or quality requirements. |
| <input type="checkbox"/> Legal requirement | The commodity or service is required by Law. |

If any of the above apply – Are you aware of other sources (other than the one requested) that could offer the exact brand or service, such as a distributor, third party broker, or reseller? If so, please list possible sources.

2. Briefly explain what it is about this product or service that only this vendor can meet:

3. Indicate if the product or service has been purchased for this department in the past and approximate date of purchase and purchase order number, if known:

4. List the specific important features or specific performance specifications or parameters that make this product or service unique or proprietary, AND indicate specifically why these unique features are indispensable to your operation:

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5. List other suppliers generally believed to offer the same or very similar product or service. Indicate if they were contacted for a description and/or price of their product or service. If they were not contacted, indicate why they were omitted. Indicate for each specifically why their product or service is judged to be unacceptable.

- (a) _____
- (b) _____
- (c) _____

II. DOCUMENTATION OF PRICE REASONABLENESS

Check the box (es) that apply and provide information:

- 1. I determined that the price is reasonable for one of the following reasons:
 - (a) I compared the proposed price to prices I previously paid for the same or similar goods and/or services. See PO# _____ (Specify price: \$ _____)
 - (b) I compared the proposed price to current published catalog, price lists, or market prices as documented in the attachments (attach relevant documentation) and the proposed price is less.
 - (c) I compared the proposal price to rough yardsticks, e.g., dollars per pound, horsepower, or other units of measure to identify any gross inconsistencies.
Describe comparisons made: attached.
 - (d) Based on my knowledge of the market, my experience of prior similar proposals.
Describe basis of market knowledge or reference prior proposals.
 - (e) The price is set by law or regulations. Provide reference to law or regulation: attached.
 - (f) The goods or services are available on the market for the same or similar price.
Provide reference to market pricing information: attached.

- 2. Sections 1 (a) through (f) do not apply. (SS&C will contact you to discuss price reasonableness before a requisition can be processed.)

As the authorized department official, I certify that the above justification is accurate and complete to the best of my knowledge and belief.

Approval

Signature of Authorized Department Official

Date

Printed Name