

Sole Source Justification Form

Item: Click or tap here to enter text.

1. Describe the item and its function:

Click or tap here to enter text.

2. The item is a sole source* because:

- sole provider of a licensed or patented good or service
- sole provider of items that are compatible with existing equipment, inventory, systems, programs or services
- sole provider of goods and services for which the City has established a standard**
- sole provider of factory-authorized warranty service
- sole provider of goods or services that will meet the specialized needs of the City or perform the intended function (detail below or in an attachment)
- the vendor/distributor is a holder of a used item that would represent good value and is advantageous to the City (attach information on market price survey, availability, etc.)

3. What necessary features does this vendor provide which are not available from other vendors? Be specific.

Click or tap here to enter text.

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

- other brands/manufacturers were examined (list phone numbers and names, and explain why these were not suitable): Click or tap here to enter text.
- other vendors were contacted (list phone numbers and names, and explain why these were not suitable): Click or tap here to enter text.
- other (please explain): Click or tap here to enter text.

* *Sole Source: only one vendor possesses the unique and singularly available capability to meet the requirement of the solicitation.*

** *Procurements of items for which the City has established a standard by designating a brand or manufacturer or by pre-approving via a testing shall be competitively bid if there is more than one vendor of the item.*



Department: Click or tap here to enter text.

Department Contact: Click or tap here to enter text. **Phone:** Click or tap here to enter text.

Requested Vendor: Click or tap here to enter text.

Vendor's Address: Click or tap here to enter text.

Vendor Contact: Click or tap here to enter text. **Phone:** Click or tap here to enter text.

Cost Estimate: Click or tap here to enter text.

If the cost of the sole source procurement is greater than the appropriate procurement threshold for department action, immediately contact the Purchasing Division of Finance or the City Attorney's Office as appropriate.

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 City. I know of no conflict of interest on my part or personal involvement in any way with this request. No gratuities, favor, or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers to exist.

Signature of Requestor

Date

Signature of Department Head or Designee

Date

