

AG-602 (02/14)

Texas A&M AgriLife  
Administrative Services - Purchasing



**SOLE-SOURCE/ PROPRIETARY JUSTIFICATION FOR SERVICES**

This questionnaire has been designed to assist faculty and staff in providing information necessary in the processing of requests for a sole-source or proprietary purchase of services. Please complete and forward to the Unit Purchaser. If more space is needed, please attach additional page(s).

PO or Certified Purchasing Request No.: \_\_\_\_\_

1. Identify the special and/or unique qualifications of the individual/company and the reason such qualifications are necessary in the performance of the project requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Identify all other sources that have been considered for this project and why they were found unsatisfactory (Attach any quotes/proposals received from other sources, if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature below insures that:

- No employee/employer relationship exists.
- The payment for services is within the range of competitive market wage scales for like services.
- This contractor is not related to anyone who has authority over the contract and/or is not an employee of any other TAMUS Component or State Agency.
- You certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for a sole-source or proprietary procurement.
- If an individual or sole-proprietor, please complete and attached the Employee/Independent Contractor Verification Form

Submitted By: \_\_\_\_\_  
Printed/typed name & title

\_\_\_\_\_ Department

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone No.

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Director of Purchasing

Form to be submitted with your requests. Both signatures are required for purchases \$10,000 and up.