

SOLE SOURCE/PROPRIETARY JUSTIFICATION

This form is designed to assist faculty/staff in providing information necessary to process requests for a sole source/proprietary purchase. Complete and attach this form to the requisition in AggieBuy. Both departmental signatures are required for purchases \$25,000.01 and up. If more space is needed, attach additional page(s).

NOTE: Price cannot be a factor in sole source/proprietary determination and must not be included as a reason on this form.

Requisition Number: _____

Vendor: _____

Total Dollar Amount: _____

Account Number: _____

Brief Product/Service Description: _____

1. Reason for sole source:

This is the only known product or service of its kind. *(A product/service produced by only 1 company, but sold by multiple sources.)*

This is the only known supplier of the product or service. *(A product/service produced and sold by only 1 company.)*

The use of this specific vendor, product (brand must be listed in budget), or service is required by sponsored project or grant. *(A copy of the final project or grant budget must be attached to this sole source form.)*

2. What features or characteristics are unique to the requested product/service?

3. Explain the critical importance of the unique features or characteristics listed above to accomplish the work:

4. Identify all other companies by name whose product/service is similar:

5. Why won't these competing products or services satisfy the requirements of this purchase? (Attach any documentation that supports this determination.)

6. Will the product be used with existing equipment? Yes No

If yes, give brand and model number of existing equipment: _____

7. Give any additional information you feel may aid the buyer in processing this requisition:

I certify, to the best of my knowledge, 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.

Submitted By: _____
End User Printed Name End User Signature Date

Approved By: _____
Dept Head/Resident Director Printed Name Dept Head/Resident Director Signature Date

For Procurement Office Use Only:

Approved By: _____
Director of Procurement Printed Name Director of Procurement Signature Date