



Sole Source Justification Form

Delaware State University (the "University") must procure all material, equipment, supplies and services via competitive means whenever practicable. However, the University may waive the competitive process and approve sole source procurement provided the requestor can adequately justify its use. In cases where an alternate supplier for a similar product or service cannot be identified, the requestor must document that a good faith effort has been made in seeking other sources. A listing of the unique technical specifications required of the product and the companies that were contacted in the search for alternate sources is necessary. Requesting Departments may use this information in conducting their own market search. Sole source justification cannot be based on quality or price.

University employees must not have a financial interest in any contract entered into by the University.

Sole source justifications may be subject to public review; other suppliers may have the opportunity to review the justification and protest the purchase if they feel the justification is not adequate or based on valid grounds. Therefore, the justification must contain clear, in depth and accurate information in order to avoid the possibility of delaying the procurement.

INSTRUCTIONS:

This form must accompany any purchase requisition when sole source approval is requested.

1. Please type or print legibly.
2. Complete all categories and sections that apply.
3. Provide full explanation, complete descriptions, and/or all relevant reasons where space had been provided. Sole Source Justification forms lacking sufficient detail cannot be approved.
4. Sign and date the form at the end.
5. Improperly completely or unsigned forms may be returned.

STATEMENT:

I am aware that Delaware State Code mandates that the University procures all material, equipment, and supplies via competitive means whenever practicable. However, I am requesting sole source procurement based on the following: (Attach additional sheets as necessary):

From:

Date:

Purchase Requisition #

Proposed Vendor:

Estimated Price

Product Description

1. The requested product is an integral repair part of accessory compatible with existing equipment.

A. Existing Equipment:

Manufacture/Model Number:

Age/Current Value:

Estimated remaining life span:

B. Requested Equipment/Accessory/Part:

Manufacture/Model Number:

Explain relationship between current Equipment and requested equipment:

2. The requested product has unique design/performance specifications which are essential to my research protocol or other needs and are not available in comparable products.

BOTH A & B PORTIONS OF THE CATEGORY MUST BE ANSWERED

A. These capabilities are:

B. In addition to the product requested, I have contracted other suppliers identified below and considered their product of similar capabilities. These products are not acceptable because they are lacking one or more of the technical specifications described in A above.

Vendor: Contract/Phone#

Product Description:

Technical Deficiency:

3. The requested product is essential in maintaining experimental or administrative continuity. Provide thorough explanation in "Explain in detail" section.

Requested product is being used in continuing experiments.

Other investigators have used this product in similar research and, for comparability of results, I require it.

I have standardized the request product; the use of another would require considerable time and money to evaluate.

Explain in detail:

4. The requested product is one with which I (or my staff) have specialized training and/or extensive experience. Retaining would incur substantial cost in money and/or time.

Manufacture/Model of existing equipment: Age/Current Value

Estimated hours/person required to retain: Other factors:

5. Please consider sole source approval for the reason(s) (e.g., trade-in allowance; availability of service, parts, and maintenance; product in a prototype; etc.): Attach all documentation supporting this request. Summarize this information below:

6. Do you have an actual or potential conflict or interest in the purchase request: Yes No If yes, please explain on attached sheet.

AUTHORIZATION:

Full Name of Principal Investigator Date: Signature

Department Head/Administrator Date: Signature

Legal Department Date: Signature

President or Designee Date: Signature