

THE UNIVERSITY OF SOUTHERN INDIANA

SOLE SOURCE JUSTIFICATION REQUIREMENTS

In accordance with University policy, any requisition totaling \$10,000 or more that has not been competitively bid must be accompanied by a sole source justification form. All sole source transactions are subject to review and audit by internal audit, state examiners, and other governing agencies.

*A sole source justification cannot be based on price. A sole source purchase must be based on the requestor's investigation and evaluation of the requested product and its availability (or lack of availability) from multiple sources. The sole source justification form **must** be completed and signed by the requestor and the appropriate financial manager. **Signatures initialed by designees will not be accepted.***

*Approximately three business days are required to evaluate and process a sole source request. Please consider this when submitting a request, and allow sufficient time prior to deadlines (quote expiration, grant expiration, etc.) for the sole source request to be evaluated. **It is also important to allow sufficient time for the bid process should the sole source status not be granted.***

THE UNIVERSITY OF SOUTHERN INDIANA
PURCHASING DEPARTMENT

REQUEST FOR
SOLE SOURCE JUSTIFICATION

Requester: _____ Date: _____

Department: _____ Phone Number: _____

Campus Address: _____ Fax Number: _____

Vendor: _____ Amount: \$ _____

I am aware that purchasing policies of the University of Southern Indiana mandate that the University procure all material, equipment, services, and supplies totaling \$10,000 or more via competitive bid. However, I am requesting sole source status for the purchase described below based on the following criteria. (Attach additional sheets as necessary.)

Note: You should select No. I, II, III, and/or IV and complete ONLY the portion(s) of the form that applies to the requested product prior to submitting your requisition to the appropriate buyer.

- I. I have determined through market research and/or discussions with other individuals using this product that the requested product is the only one of its type and functionality and is only available from the vendor (or manufacturer) indicated below:

Vendor: _____

Address: _____

Manufacturer: _____

Model/Catalog No. _____

Amount: \$_____

_____I have prepared and attached a detailed description of the product requested and the unique functionality (or features) it possesses that are required for the type research for which it will be used. (This detailed description must be submitted with this sole source request or the request **cannot** be processed.)

_____A letter from the vendor or manufacturer stating they are the sole source from which to purchase this product is attached. (If the manufacturer is submitting this letter, it **must** state they do **not** sell this product through distributors or dealers.) A sole source purchase of this type **cannot** be processed without this letter.

II. The requested product is an integral repair part or accessory compatible with existing equipment.

A. Existing Equipment (include USI tag number):

Manufacturer:

Model/Serial No.

Dollar Value:

B. Requested Equipment/Accessory/Part:

Manufacturer/Model Number:

Dollar Value:

III. The requested product is essential in maintaining experimental continuity. Provide a thorough explanation in the "Explain in Detail" section of this form.

Check all that apply to your purchase request:

_____ Requested product/equipment is being used in continuing experiments.

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

_____ I have standardized on the use of the requested product/equipment; use of another would jeopardize the validity of results

IV. The requested product/equipment has unique design/performance specifications which are essential to my research protocol or other needs and are not available in comparable products. **(Complete both A & B of this section.)**

A. The unique design/performance specifications are:

B. I have evaluated the products of two other suppliers/manufacturers and found them to be unacceptable because they lack one or more of the specifications listed above.

1. Vendor: _____
Model/Catalog No.

Vendor Contact/Phone No.

Technical Deficiencies:

2. Vendor: _____
Model/Catalog No.

Vendor Contact/Phone No.

Technical Deficiencies:

**YOUR SOLE SOURCE REQUEST WILL NOT BE APPROVED WITHOUT THE
REQUIRED SIGNATURES BELOW:**

I certify the above information is true and correct and that I have no financial or other beneficial interest in the specified vendor.

Requestor Date

Financial Manager Date