



SOLE SOURCE JUSTIFICATION FORM

PRSY# _____ Requisition # _____

Supplier Name _____ PO# _____

This form must be submitted with any purchase requisition, which exceeds an aggregate value of \$15,000 for State sponsor funds, \$10,000 for Federal sponsor funds, and \$25,000 for Agency funds, where competitive bids have not been solicited (or are not available).

Please indicate the reason(s) the above referenced purchase has been awarded without the benefit of competitive bidding.

- A. [] Item sold through manufacturer/provider only; no other comparable unit available (i.e. one-of-a-kind item).
B. [] An unusual and compelling urgency precludes full and open competition (Explain in box below).
C. [] Used, reconditioned, or demonstration equipment available at a lower-than-new cost.
D. [] Must match existing piece of equipment. Available only from the same source of original equipment.
E. [] Upgrade to existing software. Available only from the producer of this software who sells on a direct basis only.
F. [] Repairs/maintenance/parts are unavailable from any source except equipment manufacturer or their designated servicing dealer.
G. [] The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation.
H. [] The Federal awarding agency or pass-through entity expressly authorizes non-competitive proposals in response to a written request from the non-Federal entity.
I. [] Service(s)/Good(s) being provided by the vendor is unique and therefore competitive bids are not applicable. Please explain in box below.
J. [] Other. Please explain below.

[Empty box for explanation]

Explanation required below if basing justification on a fair and / or reasonable price. Please describe or attach any communication(s) with other sources contacted or used in support of your explanation.

[Empty box for explanation]

I attest to the fact that the above statement(s) is / are true and that I have no financial or other interest in selecting this firm to provide the goods or services indicated.

Principal Investigator Name (print) _____ Phone _____

Principal Investigator Signature _____ Date _____