Sole/Single Source Request Form

This form must accompany purchase requisitions for the sole/single source procurement of equipment, construction, supplies or services when the purchase will exceed $50,000. (However, this justification is not needed when buying from University contracts.) The purpose of this sole/single source justification is to show that a competitive procurement is impractical because only one product or service can meet the specific need. It is not to be utilized to circumvent normal purchasing procedure, nor for a price-based justification. Acceptance of this request will be at the discretion of the Purchasing Department.

Statement

I am aware that Indiana University and Federal procurement regulations require procurements to be done competitively whenever practicable. I am requesting a sole/single source procurement based on the following criteria. The following statements are complete and accurate, based on my professional judgement and investigations. I also certify that no personal advantage, gain or privilege has (or will) accrue to my immediate family or myself through the purchase from this supplier, nor is a family member employed by or an officer of this supplier.

Printed name: ________________________________
Signature: ________________________________
Date: ____________ Phone: ____________ E-mail: ____________
Account #: ______________ Federal funds used? Yes/No

Estimate of total cost: __________________________
Supplier Requested: __________________________________
Supplier Address: __________________________________

If this purchase is being made through a federally sponsored research project, has the granting agency approved this purchase as a sole/single source? If so, include documentation.

1. The requested product/service has unique performance features that are essential to my research protocol or other needs as described. Only one product meets these requirements.
   a. These features are:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
b. In addition to the product/service requested, I have contacted other suppliers and considered their product/service of similar capabilities. I find their product/service unacceptable for the following reasons:

<table>
<thead>
<tr>
<th>Company</th>
<th>Product Model No.</th>
<th>Technical Deficiencies/Comments</th>
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2. The requested product/service is essential in maintaining consistency of experimental design.
   - _____ Requested product is being used in continuing experiment(s);
   - _____ Other investigators have used this product in similar research and for comparability of results, I require the exact same product.

Explain:

________________________________________________________________________
|________________________________________________________________________|
|________________________________________________________________________|
|________________________________________________________________________|
|________________________________________________________________________|

3. The requested product/service, part or accessory is an integral repair part or accessory compatible with existing equipment. (Please state manufacturer and model number of the existing equipment):

________________________________________________________________________
|________________________________________________________________________|

4. Sole/single source approval is needed as only one source exists to provide required repair/maintenance parts, service, routine and emergency services. Explain:

________________________________________________________________________
|________________________________________________________________________|
|________________________________________________________________________|
|________________________________________________________________________|
|________________________________________________________________________|
5. Other (Such as consultant services where the consultant is uniquely qualified, please explain):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NOTE: If you need additional space or supplemental documentation, please attach.

For Purchasing Use Only...

Purchasing Contract Manager Signature _____________________________ Date: ________

Team Director Signature (required over $50,000) __________________________ Date: ________

Exec. Director Signature (required over $250,000) ________________________ Date: ________

Assoc. VP Signature (required over $1,000,000) __________________________ Date: ________