

Sole/Single Source Request Form

Overview

This form must accompany purchase requests for the sole/single source procurement of equipment, construction, supplies, or services when the purchase will exceed \$50,000. This justification is not needed when buying from University contracts.

Purpose

The purpose of this sole/single source justification is to show that 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 IU Purchasing.

Statement of Attestation

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 judgment 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:

Email:

Sole/Single Source Details

IU Account Number:

Federal funds used?

Estimate of total cost:

Supplier requested:

Supplier address:

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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.

Reason for request

Check the box next to each applicable reason and complete the related fields.

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

Description of unique features:

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 reason(s):

Supplier Name	Product Model Number	Technical Deficiencies/Comments

The requested product/service is essential in maintaining consistency of experimental design for the following reasons:

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.

Explanation:



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

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

Explanation:

Other, such as consultant services where the consultant is uniquely qualified. Please explain:

For IU Purchasing use only

Purchasing Category Manager signature:

Date:

Team Director Signature (required over \$250,000):

Date:

Executive Director Signature (required over \$1,000,000):

Date: