

SOLE SOURCE JUSTIFICATION FORM

This document is to be completed and retained as supporting documentation for all sole source purchases. Complete all sections below and contact the Purchasing department for assistance. Attach completed form to your vendor quote, along with your purchase requisition form number, and send to Purchasing via fax or email: 805-893-8639 or help@purchasing.ucsb.edu.

Requested By (Dept)		
Justification Prepared By		Date

1. SOURCE JUSTIFICATION:

Description of Goods/Services		
Proposed Manufacturer or Supplier		Dollar Amount

CHECK the applicable box

One-of-a-kind	The commodity or service has no competitive product alternatives available on the market
Compatibility	The commodity or service must match existing brand of equipment for compatibility.
Replacement Part	The commodity is a replacement part for a specific brand of existing equipment.
Research Continuity	The commodity or service is needed to maintain research continuity.
University Standards	The commodity or service must comply with established University standards.
Unique Design	The commodity or service must meet physical design or quality requirements.
Delivery Date	Only one supplier can meet necessary delivery requirements.
Emergency	URGENT NEED for the item or service does not permit solicit competitive bids, as in cases of emergencies, disaster, etc.

2. SOURCE SELECTION DETAIL:

1. Briefly explain how your purchase of goods or service meets one or more of the above criteria for a valid sole source request. Note: price cannot be part of the justification. (Attach additional page if needed):

2. List the specific salient features or specific performance specifications or parameters that make this product or service unique or proprietary, and indicate specifically why these unique features are indispensable to your research or operation. Specifics should be sufficiently detailed to develop a formal quote. (Attach additional page if needed):

3. a) If known, indicate if the product or service has been purchased for this campus in the past. Indicate the *requisitioning* department, approximate date of purchase, and purchase order number, if known:

- b) If known, indicate if the product or service was purchased by another University of California campus. Provide transaction detail including specific contacts, if possible:

4. List other suppliers generally believed to offer the same or very similar product or service. Indicate if they were contacted for a description and/or price of their product or service. If they were not contacted, indicate why they were omitted. Indicate *specifically* why their product or service is judged to be unacceptable:

A.

B.

C.

5. Please indicate any additional background or other information that you feel may be of assistance in the completion of this transaction:

6. For all purchases over \$100,000 funded by Federal Awards, please identify whether a) small businesses were solicited for quotes, and if not, why not, and b) if the purchase was awarded to other than a small business, why:

3. UNIT APPROVALS:

DEPARTMENTAL APPROVALS	Preparer Name:	Extension:
	Principal Investigator (if applicable):	Date:

PURCHASING APPROVAL	Authorizing Signature:	Date:
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