

SOLE SOURCE JUSTIFICATION FORM

Department _____ Requisition No.: _____ Contact Person _____

Supplier:

Product/Service General Description:

Manufacturer (if applicable):

Requisition Amount:

1. Describe the intended use for this product or service:

2. Describe the unique features that make this product or service available only from this supplier:

3. Describe why these unique features are required.

4. Describe the process used to select this product, service or supplier. If applicable, provide supporting documentation including company contact information, product or service information and proposals.

5. Describe the reason(s) for rejecting other products, services or suppliers.

6. **Provide supportable evidence that due diligence has been performed in an objective market analysis and proof of fair and reasonable pricing.** This may be from: comparable item(s); price based on prior competition (in which case attach a copy of previous purchase order); comparison to a substantially similar item (provide price of the base item, by a catalog and state the cost of additional features); website research; a spreadsheet comparison of competition; proof of sales to others at similar prices; state or municipal contract pricing; discount from list price; purchases made to other state agencies, other states or similar facilities; manufacturers published price list.

7. **Is this product or service proprietary?** Provide documentation showing that the supplier has a patent, copyright, or other legal right which identifies the supplier as a sole provider.

8. **Is this purchase required to match existing equipment or part of a standardization program?** If so, provide the original purchase order number, supplier name and description of the original purchase.

9. **Is this supplier or specific product/service identified by name, statement of work and dollar amount in a sponsored grant or contract?** If so, please describe and attach the grant documentation.

10. **What steps are being taken to competitively bid future purchases?**

Contact the Procurement Department *early* in the purchasing process. For information please review the [Procurement Basics](#), [FAQs on Purchasing](#) and [New York State Office of General Services Procurement Services \(State Contract Search\)](#) located on the Procurement Services website.

Dean, Director, or Department Head Signature

Date

Printed Name

Printed Title

**COMPLETION OF THIS FORM DOES NOT GUARANTEE THE APPROVAL OF THE
PROCUREMENT REQUEST.**

**PROCUREMENT SERVICES RESERVES THE RIGHT TO COMPETITELY BID, NEGOTIATE
PRICING OR TO SOLICIT ADDITIONAL INFORMATION.**