

Department of Purchasing & Contracts Sole Source Justification Questionnaire

To be completed by Requesting Program or Department - All questions are required.

Date:		Vendor Name:	
Requestor Name:		Vendor Street Address:	
Requestor Phone:		Vendor City, State ZIP:	
Program or Dept:		Vendor Phone:	
FOAP:		Vendor Website:	
Start Date:		Vendor Contact:	
End Date:		Vendor Email:	
\$ Amount Goods:	\$	\$ Amount Services:	\$
	al (Only required if using a 35X)	·	
Approver Sign	ature:		
Printed Name:	:	Date:_	
1) Has this item(s	s) previously been purchased?		
determines in wri of the following b A. Only o	materials or services may be a ting that one (1) or more of the est describes this sole source ne (1) responsible source or o rvices. (Please provide justifi	e following seven (7) condit procurement? You may sel	ions exist. In your view, which ect more than one. ralified or eligible to provide the
only a si	ngle source, by virtue of experights, could satisfactorily prov	erience, expertise, proximi	specific geographic location that ty, or ownership of intellectual lease provide justification for
C. Applica the autho		or permits use of a sole so	ource procurement. (Please cite
clear and		of the funds in a way that r	s being purchased has imposed restricts the procurement to only

E. A particular material, or service, is required in order to standardize or maintain standardization for the purpose of reducing financial investment or simplifying administration. (Must state how.)

F. A particular material or service is required to maintain interchangeability or compatibility as part of an existing integrated system. (Please provide supporting information about the existing device or system.)

G. The procurement has been approved by IM&T for purchase (attach IM&T approval to this form) and is for: a) an information technology device; b) a software upgrade for an existing system; c) an expansion of an existing system where compatibility is the overriding consideration; d) the procurement would prevent voidance or termination of a warranty; or e) the procurement would prevent default under an existing contract or other obligation. (Please state which criteria/ion (a-e) and provide the justification.)

- 4) Attach the vendor quote received. (Required)
- 5) Attach any cost analysis you may have done or justification as to why you feel the quote is fair. (Optional)
- 6) Please define the financial impact of Approval or Denial. (Attach to this form).

By submitting this Sole Source Justification Questionnaire, I the Requestor, certify that:

- The above justification is accurate and complete to the best of my knowledge and belief.
- I do not, nor does any member of my family, have any financial interest in the supplier under consideration.
- I am complying with the University of Northern Colorado policies and guidelines governing outside interests, conflict of interest found in the University of Northern Colorado Board Policy Manual.
- I understand a protest could significantly prolong the time of the procurement.
- I understand this Sole Source Justification will be a public document available for public inspection.

Requestor Signature:	Date:	
Department/Program Budget Approval		
FOAP Approver Signature:		
Printed Name:	Date:	
Purchasing Department Agent Approva		