UW Procurement Services

Sole Source/Justification Request

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | | Department: | | |
| Budget Source: | Fund: | Dept ID: | BR: | | Proj/Grant: |
| Identify supplies, materials, equipment, or services to be considered for sole source treatment: | | | | | |
| Name of Manufacturer: | | | | Name of sole source provider: | |
| Mailing Address: | | | | | |
| Phone Number: | | | | Fax Number: | |
| Web Site Address: | | | | Contact or Representative: | |
| **Price Quotation**: Attach a firm price quotation from the vendor for the item/services identified above. Quoted prices shall be firm for 30 days and all associated costs **including shipping**. Quote must be under the terms **FOB destination, freight prepaid and allowed.** | | | | | |

**Sole Source Considerations** -(check all applicable categories and provide detailed justification below)

**\*Repair/replacement part or accessory:** For existing equipment and is available from only one source.

|  |  |
| --- | --- |
| Existing Equipment: | Manufacturer/Model number: |

**\*Sole source distribution:** The item is manufactured and sold exclusively by vendor or vendor holds exclusive rights for

distribution.

**\*Exclusive design:** Item possesses a unique function or capability critical in the use of the item and is not available from any

other sources.

**\*Services:** Services are available from only one source.

\* **Detailed Justification:** **Explain what unique qualifications or features are required, how selected contractor or vendor exclusively meets those qualifications or features, and why the service or goods cannot be obtained through the bidding process.** (attach additional sheets if necessary).

**I hereby declare the information provided herein to be true and accurate to the best of my knowledge.**

Requester Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For services of $50,000 or more the below signatures are required

College Dean or

Associate Vice

Department Head (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_