SOLE SOURCE or PROPRIETARY PURCHASE JUSTIFICATION

☐ **Sole Source Purchase** – *A product or service purchase is available from **one** manufacturer or service provider. (Vendor must complete SOLE SOURCE VENDOR COMPLIANCE FORM, If using federal monies complete SOLE SOURCE TEA AUTHORIZATION FORM)*

☐ **Proprietary Purchase** – *A product or service purchase is available from multiple providers; however, a particular vendor must be used to satisfy requirements.*

A Sole Source or Proprietary Purchase must meet at least one of the following criteria:

☐ **One-of-a-kind**
The commodity or service has no competitive product alternatives available.

☐ **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.

☐ **Other**
There are extenuating circumstances regarding this purchase.

☐ **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 soliciting competitive bids.

☐ **Miscellaneous**

Explain the unique factors that restrict this purchase to only this one product or service:

Explain the reason that this product's unique features are indispensable to your operation:

Will the item be an interface, addition, or repair to the existing equipment? List equipment description.

List other suppliers contacted and explain why their product or service was unacceptable:

Was the proposed price compared to those previously paid, those listed in currently listed catalogs, or those deemed reasonable by knowledge of the market or personal experience?

Provide any other information relevant to the proprietary nature of this product.

In accordance with HSC OP: 10.05 Conflict of Interest and Commitment Policy,I attest that I know of no direct or indirect interests, including financial and other interests, business transactions or professional activities, or obligation of any nature as a part of this transaction that is in substantial conflict with the proper discharge of the Employee's duties to the Institution or the public interest.

Click to Affirm with Digital Signature

*Print, Sign, and Scan is acceptable as affirmation