

Sole Source Justification Form

The purpose of this sole source justification is to show that a competitive procurement is impractical because only one product or service can meet the specific need. If a purchase totals \$50,000 or more and has not been bid, this Sole Source Justification form must be completed by the requesting department and submitted with the invoice for payment. If the justification is for a purchase in excess of \$100,000, this form must be signed by the Divisional Senior Vice President. For amounts less than \$100,000, this form can be signed by either the Budget Manager or another authorized departmental representative.

Requestor:	_____	Date:	_____
Department:	_____	Phone Number:	_____
Campus Address:	_____	Fax Number:	_____
Preferred Vendor:	_____	Amount:	_____
Approver:	_____	Signed:	_____

Please select the category (or categories) that best describe your sole source requirement. Answer all questions pertaining to that category, attaching additional pages as needed.

A. COMPATIBILITY JUSTIFICATION

Compatibility with existing equipment, research protocol, methodology or training

1. Identify existing material with which this item is compatible:

2. Estimate dollar value of existing material:

3. Explain the unique properties that make this the only item compatible with existing material:

4. Provide any additional supporting information:

B. ONLY-KNOWN MANUFACTURER JUSTIFICATION

Item is only available through one known manufacturer.

1. List sources of investigations to support this claim (trade shows, internet searches, professional journals, colleagues, etc.)

2. List names of other manufacturers solicited for information. Summarize your findings:

3. Does this manufacturer sell directly to Loyola Marymount University, or through distributors?

Note: If the manufacturer has more than one distributor, LMU will seek competition only from these distributors.

C. REGIONAL SUPPORT OR SERVICE JUSTIFICATION

Regional sales or service support is required for needed product/equipment.

1. Is this the only known vendor to support and/or service this type of product in this region? (Yes/No)
2. If yes, give support of your need for immediate service as the primary requirement for vendor selection when buying new equipment:

Note: This justification alone will not qualify as sole source if there are other manufacturers that sell and service similar products/equipment within this region.

D. REQUIREMENTS OF INTENDED USE JUSTIFICATION

This is the only product/equipment that will meet the requirements of the intended use although other similar products exist.

1. List the names of other manufacturers you evaluated. Please identify the manufacturer's and/or products technical deficiencies that lead to their disqualification.
(Attach all vendor quotations to this form)
2. State the reason why this product is superior to all others. Give specific characteristics, capabilities and properties:
3. If applicable, provide other supporting research to document the need for only this specific manufacturer.

E. REGIONAL SERVICE PROVIDER JUSTIFICATION

This is the only product/equipment that will meet the requirements of the intended use although other similar products exist.

1. Is this the only-known regional vendor that provides maintenance or repair services for existing equipment? (Yes/No)
2. If another type of service is necessary on existing equipment, explain why no other vendor is acceptable.

F. FIRE / LIFE / SAFETY JUSTIFICATION

Complete this justification product/equipment is needed to ensure immediate health and safety.

1. Identify reasons this product/equipment would support immediate health and safety measures.

G. ADDITIONAL JUSTIFICATION

Provide additional information that supports the need for a sole source purchase:

