



SOLE SOURCE APPROVAL FORM

PURPOSE: *In accordance with the College's **Procurement Policy**, this form must accompany requests for the sole source procurement of commodities, nonprofessional services, labor or construction. The purpose of sole source justification is to demonstrate that competitive procurement is impractical because only one product or service can meet a specific need, and that one product or service is available from only one source. Therefore, an equitable evaluation of comparable products or services must be made and documented by the requesting College department or office which shows that rejection of other products or services is based solely on their failure to meet that need.*

INSTRUCTIONS:

1. Complete all sections
2. Provide full explanations, complete descriptions, and/or list all relevant reasons, as requested.
3. Sign and date the form
4. Improperly completed, and/or unsigned forms may be returned to the sender.

To: Administrative Director of Business Operations

From: _____
Name of Requesting College Employee and Title

Dept./Ofc.: _____

Contractor: _____

Subject: Sole Source Justification
Description _____
Amount _____

Statement:
Sole Source procurement is permitted when there is only one source for the required goods, services or construction. I am requesting sole source procurement based on the following criteria, and **I have attached a letter from this vendor/service provider confirming its status as a sole source.**

- I. The requested goods, services or construction have unique or special design/performance features, characteristics or capabilities which are essential and required in order to accomplish my objective.
Both A and B portions of this category must be answered.

A. These features and reasons why each is essential to my needs are:

- B. In addition to the goods, services or construction requested, I have contacted other suppliers and considered their product or service of similar capabilities. I find their product or service unacceptable for the following reasons (identify companies contacted, model number, if applicable, and specific technical deficiency):

- II. If sole source approval is deferred or denied, it will have the following impact on the program/project:

- III. The requested product or service is available **only** from:

Certification:

I certify that the information provided herein is true and correct to the best of my knowledge.

Name of Requesting SCCC Employee and Title

Signature

Date

APPROVED / DISAPPROVED:

Administrative Director of Business Operations

Date