

RESET FORM

ADDITIONAL INFORMATION

DATE:	REQUISITION NO: DEPARTMENT:
CONTACT:	(Individual best able to answer questions with regard to the product and/or service)
PHONE:	EMAIL:

University Purchasing must review and approve the purchase order prior to the goods being shipped or the services being provided. University Purchasing may require additional information and/or may determine that bidding is required.

A quote must accompany the Sole Source Justification Form. Sole source justifications will expire twelve (12) months after the original purchase date.

I am aware that that §41-16-20 of the State of Alabama Bid Law and federal requirements of the Office of Management Budget mandates that the University procure all material, equipment, services and supplies totaling \$15,000.00 or more via competitive bid; however, this serves as a request for sole source approval based on the information to follow.

PREFERRED VENDO	R:	 	
CONTACT NAME:		 	

PHONE: ______EMAIL: _____EMAIL: _____

Provide a description of the product or service.

Describe the intended use of the product or service

Manufacturer: ______

Model No:

Purchase Price: _____

Is the product new or refurbished?		
If REFURBISHED, what is the cost of product purchased new?		
Is the preferred vendor the manufacturer of the product?	YES	NO
Is the product sold through a distributor?	YES	NO
Is the product being purchased in accordance with a grant, contract or		
funding agency requirement?	YES	NO
If YES, attach a copy of the award or letter.	·	

SOURCE SELECTION and SUPPORT

A. Select one or more of the following statements that supports the sole source request. **COMPATIBILITY** – Product(s) matches existing brand of equipment for compatibility

REPAIRS/MAINTENANCE SERVICE – Service is unavailable from any source with exception of the equipment manufacturer or the manufacturer's designated servicing dealer

REPLACEMENT PART/UPGRADE – Product(s) is a replacement/upgrade for a specific brand of existing equipment

RESEARCH CONTINUITY/STANDARDIZATION – Product(s) or service(s) is required to maintain research continuity based on personal experience and/or information from investigators engaged in similar research endeavors; introduction of a different product would require considerable time and money for evaluation

UNIQUE DESIGN - Product(s) meets extraordinary physical design or quality specifications

B. Briefly explain how this purchase meets one or more of the above criteria for a valid sole source request. Attach additional sheets as required. (*Note:* price cannot be a factor for justification). (*Must be completed for all source selections except REPAIRS/MAINTENANCE*) C. If this product or a compatible product was purchased in the past, provide the following: (*Must be completed if selecting: COMPATIBILTY, REPLACEMENT PART/UPGRADE, REPAIRS/MAINTENANCE SERVICE*)

Purchase Order Number: ______UAB Property Number: _____

- D. (*Must be completed if selecting: UNIQUE DESIGN*)
 - a. List the important features or specific performance specifications/parameters that make this product or service unique or proprietary. Specify why these unique features are indispensable to your research or operation.

b. Provide the following information as it relates to two other supplier/manufacturers offering the same or similar product(s) or service(s). Please provide quote for evaluated products.

Vendor	
Vendor Contact Name	
Vendor Contact Email	
Model/Catalog Number	
Technical Deficiencies	

Vendor	
Vendor Contact Name	
Vendor Contact Email	
Model/Catalog Number	
Technical Deficiencies	

ALL departmental signatures are required prior to review.

I certify that the above justification is accurate and complete to the best of my knowledge. I have no financial or other beneficial interest in the proposed vendor.

PI/Responsible Person (signature)	Date
Department Head (signature)	Date
Buyer (signature)	Date
	Department Head (signature)

University Purchasing Manager