

Sole Source Justification Form

Date:	Requisition Number:
Department:	Department Head:
1. State Relevance Of Purchase To Your Mission, Purpose, Research or Study:	
2. Identify Items Or Services To Be Approved For Sole Source Treatment:	
3. Name Of Manufacturer Of Item(s) (if applicable):	
4. Name of Single Source Supplier:	
Mailing Address:	
Phone Number:	
Fax Number:	
Web Site Address (if available):	
5. If Purchase Related To Compatibility With Existing Equipment, Then Identify The Item(s) And Applicable Tag Number(s) of State Equipment:	

6. SOLE SOURCE CONSIDERATIONS - (Mark The One That Best Qualifies)

- A. Exclusive Rights . . . Item or service under patent or copyright held by a single vendor and item or service possesses functions or capabilities critical to use. (Complete Sections 7 & 8 and attach patent/copyright info)
- B. Exclusive Design . . . Item or service possesses a unique function or capability critical in the use of the item or service and not available from any other sources. (Complete Sections 7 & 8)
- C. Replacement Equipment . . . The purchase is for equipment associated with use of existing equipment where compatibility is essential for integrity of results. (Complete Sections 5, 7 & 8)
- D. Replacement Parts . . . The purchase is for replacement parts needed for repair of existing equipment where compatibility with equipment from the original manufacturer is paramount. (Complete Sections 5 & 7)
- E. Replacement Accessories . . . The purchase is for accessories sought for enhancement of existing equipment where compatibility with equipment from the original manufacturer is paramount. (Complete Section 5, 7 & 8)
- F. Technical Service . . . The purchase is for technical services associated with the assembly, installation or servicing of equipment of a highly technical or specialized nature. (Provide detail in Section 8)
- G. Continuation Of Prior Work . . . Additional item, service or work required, but not known to be have been needed when the original order was placed with vendor, and it is not feasible or practicable to contract separately for the additional need. (Provide detail in Section 8)
- H. Other . . . (Complete Sections 7 & 8)

FOR PROFESSIONAL, PERSONAL, CONSULTING and SOCIAL SERVICES CONTRACTS ONLY:

I. Federal or state grant names vendor as condition of funding. (Attach copy of grant that names vendor)

J. Vendor is specifically designated by state appropriation. (Attach page from appropriation)

7. SOLE SOURCE DISTRIBUTION - (Mark One That Qualifies)

A. The item or service is manufactured, produced or developed by entity, or entity holds exclusive rights to item or service, and entity solely transacts (sells) direct to the customer. (There are no dealers or distributors for entity)

B. The item or service is manufactured or produced by entity, or entity holds exclusive rights to item or service, and entity does not sell direct to the customer. Entity solely distributes the item or service through only one dealer or distributor in the world, United States, region, Louisiana or identified market area.

Note: If item or service available from more than one source, the item or service may be treated as proprietary, but must be competitively solicited from multiple (two or more) sources.

ATTACH SIGNED LETTER OR EMAIL FROM MANUFACTURER, PRODUCER OR RIGHTS HOLDER OR INCLUDE STATEMENT ON FIRM PRICE QUOTATION SUBSTANTIATING SELECTION "A" OR "B" ABOVE.

8. DETAILED JUSTIFICATION FOR NO COMPETITION. (Please Be Precise In Explanation)

9. FIRM PRICE QUOTATION

Attach firm price quotation from sole source or sole dealer/distributor pricing the product(s) or service(s) identified in section 2. Quoted prices shall be firm for 30 days and inclusive of all costs including transportation. Quote FOB: LSU.

10. I hereby declare the information provided herein to be true and accurate to the best of my knowledge. I understand any false or misleading information may be considered a violation and can subject me to prosecution and penalty under Louisiana Revised Statutes

Name _____ Date _____
Print

Title or Rank _____

Email Address _____

Telephone Number _____ Fax Number _____

ATTACH TO REQUISITION AND ROUTE TO DEAN, DIRECTOR, DEPARTMENT HEAD, OR AUTHORIZED DESIGNEE FOR APPROVAL(S). NOTE: THE DEPARTMENT AUTHORITY'S REVIEW AND CONCURRENCE WITH THIS JUSTIFICATION, AND DECLARATION UNDER No. 10 ABOVE, IS SERVED BY APPROVING THE REQUISITION.