

## UCSD SOLE SOURCE JUSTIFICATION FORM

**INSTRUCTIONS:** Complete **BOTH SECTIONS I AND II** for all sole source purchases. Route the form to the Purchasing Department by campus mail or by fax. Please refer to this web link for mail addresses and fax numbers for each of the purchasing offices: <http://blink.ucsd.edu/go/buyerlocationlist>

**PLEASE NOTE:**

1. Price is never a basis for a sole source request.
2. Supporting documentation must accompany this form.

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PO or REQUISITION # \_\_\_\_\_

Commodity/Service being purchased: \_\_\_\_\_ Proposed purchase price: \_\_\_\_\_

Proposed supplier: \_\_\_\_\_

Requested by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Sole source justification prepared by: \_\_\_\_\_

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### I. SOLE SOURCE JUSTIFICATION

1. A **Sole Source Purchase** is available from only one supplier **and** meets at least one of the following criteria (please check the appropriate boxes):

- One-of-a-kind** - The commodity or service has no competitive product alternatives available on the market.
- Compatibility** - The commodity or service matches 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.
- University standards** - The commodity or service complies with established University standards.
- Unique design** - The commodity or service meets physical design or quality requirements.
- If any of the above applies** - Are you aware of other sources (other than the one requested) that could offer the exact brand or service, such as a distributor, third party broker, or reseller. If so, please list possible sources. \_\_\_\_\_

OR

- Delivery date** - ONLY ONE SUPPLIER can meet necessary delivery date requirement for the required quantity on insert date.
- Emergency** - URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disaster, etc., which was required on insert date .

2. Briefly explain what about this product or service can only be met by this vendor.

\_\_\_\_\_

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3. Indicate if the product or service has been purchased for this department in the past and approximate date of purchase and purchase order number, if known.

\_\_\_\_\_

4. List the specific important features or specific performance specifications or parameters that make this product or service unique or proprietary, AND indicate specifically why these unique features are indispensable to your research or operation.

\_\_\_\_\_

5. List other suppliers generally believed to offer the same or very similar product or service. Indicate if they were contacted for a description and/or price of their product or service. If they were not contacted, indicate why they were omitted. Indicate for each specifically why their product or service is judged to be unacceptable.

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

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### II. PRICE REASONABLENESS

*Check the box(es) that applies:*

1.  I determined that the price is reasonable for one of the following reasons:
- a.  I compared the proposed price to prices I previously paid for the same or similar goods and/or services. See PO # \_\_\_\_\_. (Specify price: \_\_\_\_\_)
  - b.  I compared the proposed price to current published catalog, price lists, or market prices as documented in the attachments (attach relevant documentation) and the proposed price is less.
  - c.  I compared the proposal price to rough yardsticks, e.g., dollars per pound, horsepower, or other units of measure to identify any gross inconsistencies.  
Describe: \_\_\_\_\_.
  - d.  Based on my knowledge of the market, my experience of prior similar proposals, or knowledge imparted by technical experts.
  - e.  The price is set by law or regulations.
  - f.  The goods or services are available on the market for the same or similar price.
2.  Sections 1(a) through (f) do not apply. (Purchasing will contact you to discuss price reasonableness before a requisition can be processed.)

As the authorized department official, I certify that that the above justification is accurate and complete to the best of my knowledge and belief.

**Approval:**

\_\_\_\_\_  
Signature of Authorized Department Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name