

LEECH LAKE BAND OF OJIBWE

SINGLE SOURCE/SOLE SOURCE JUSTIFICATION FORM

Purpose: You must complete this form for procurements where the basis for the vendor selection is:

- 1) There is only one *specific* supply or service that can reasonably meet your need
- 2) There is only one vendor who can reasonably provide that supply or service

You **MUST** meet **BOTH** criteria to have a sole-source procurement.

You **MUST** meet criteria #1 to have a *brand name* sole source procurement.

Date of Request: _____

Requisition Number: _____

Requesting Department: _____

Contact Name: _____

Phone: _____ FAX: _____

E-Mail: _____

Before a decision can be made to approve your request for Sole Source procurement, the following information is needed. Please provide all of the requested information on this form and submit it to Central Purchasing. Note: A sole source justification cannot be based on price alone.

Vendor Name: _____

Vendor Contact: _____

Phone: _____ FAX: _____

Check one: This is a recurring procurement from ____ (mm/yy) to ____ (mm/yy); OR
 This is a one-time procurement for this product or service.

Note: If additional space is required, use additional sheets of paper and submit with this completed form.

1) **NEEDS STATEMENT** –

Describe in detail the product and/or service to be procured and how they meet your needs.

2) **REQUIREMENTS** –

What unique design/performance features does this product/service have that are essential to your requirements? Please provide a brief yet technical explanation as to why these features are essential. Provide the manufacturer and model of your existing equipment. List the major features/capabilities of the product/service that are required:

3) **COMPETING BRANDS INVESTIGATED –**

What other suppliers did you contact? Did you consider other products or services with similar capabilities? Indicate the specific brands/models of competitors' products that were investigated and describe why, specifically, they do not meet some, or all, of the REQUIREMENTS listed in Item #2. Requestor needs to state that to the best of his/her knowledge, these are the only companies that make this type of equipment. Please list sales representatives and telephone numbers so we may contact these vendors to verify that other products do not meet your needs.

4) **BRAND NAME SOLE SOURCE –**

Is the specific brand/model of product being recommended for procurement available from more than one source (i.e., dealers, distributors)?

() Yes () No

If "Yes", this will be processed as a brand name sole source. Please provide the company names of known sources:

5) **CONFLICT OF INTEREST STATEMENT -**

The Department agrees that there is no real or potential Conflict of Interest in recommending this product and/or service as a Sole Source procurement. If you do have a real or potential conflict of interest, please contact Central Purchasing.

Department Approval:

By signing below, the Department is certifying that the information submitted on this form is accurate. The final determination of sole source or brand name sole source will be made by Central Purchasing.

Signature

Date

FOR CENTRAL PURCHASING USE ONLY

DETERMINATION:

_____ Sole source approved – purchase as requested.

_____ Brand name approved – issue bid on a "no substitutes" basis.

_____ Sole Source not approved – issue bid using specifications.

Procurement Clerk Signature

Date

Director of Purchasing

Date