Pursuant to the policies of UNC Greensboro, the University must procure all material, equipment, supplies and services via competitive means whenever practicable. However, the University may waive the competitive process and approve sole source procurement provided the requestor can adequately justify its use. In cases where an alternate supplier for a similar product or service cannot be identified, the requestor must document that a good faith effort has been made in seeking other sources. A listing of the unique technical specifications required of the product and the companies that were contacted in the search for alternate sources is necessary. Purchasing Agents may use this information in conducting their own research. Sole source justification cannot be based on quality or price.

All sole source justifications are subject to public review; other suppliers may have the opportunity to review the justification and protest the purchase if they feel the justification is not adequate or based on valid grounds. Therefore, the justification must contain clear, in depth and accurate information in order to avoid the possibility of delaying the procurement.

INSTRUCTIONS
1) Please type or print legibly.
2) Complete all categories and sections that apply.
3) Provide full explanation, complete descriptions, and/or list all relevant reasons where space has been provided. Sole Source Justification forms lacking sufficient detail cannot be approved.
4) Sign and date the form at the end and forward to your Purchasing Agent for approval.

Authority for approval:

I, _______________________________________________________, Phone ____________________,
Name of Principal Investigator, Requestor or End-User (please print)
am aware that the UNC Greensboro policy mandates that the University procure all material, equipment, and supplies via competitive means whenever practicable. However, I am requesting sole source procurement based on the following criteria (attach additional sheets as necessary):

Requested product/service/estimated price: ________________________________
__________________________________________________________________
__________________________________________________________________
Source: ___________________________________________________________
__________________________________________________________________
__________________________________________________________________
1. The requested product has unique design/performance specifications which are essential to my research, protocol or other needs and are not available in comparable products. **BOTH SECTIONS A & B OF THIS CATEGORY MUST BE ANSWERED.**

A. These capabilities are: __________________________________________________
_____________________________________________________________________

B. In addition to the product requested, I have contacted other suppliers identified below and considered their products or similar capabilities. These products are not acceptable because they are lacking one or more of the technical specifications described in A above:

1. Vendor: __________________________________________________________
   Product Description: _______________________________________________
   Vendor Contact/Phone Number: _____________________________
   Technical Deficiency: _____________________________________________

2. Vendor: __________________________________________________________
   Product Description: _______________________________________________
   Vendor Contact/Phone Number: _____________________________
   Technical Deficiency: _____________________________________________

2. The requested product is an integral repair part or accessory compatible with existing equipment.
   A. Describe existing equipment: __________________________________________
      Manufacturer/Model Number: ________________ Age/Current Value: ___________
      Estimated remaining life span: __________________________________________

   B. Requested Equipment/Accessory/Part: ______________________________
      Manufacturer/Model Number: ______________________________
      Explain relationship between current equipment and requested equipment:
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________

3. The requested product or service is essential in maintaining experimental or administrative continuity. **Provide a thorough explanation in “Explain in detail” section.**

   ________ Requested product or service is being used in continuing experiments;
   ________ Other investigators have used this product or service in similar research and for comparability of results, I require it;
   ________ The use of another would require considerable time and money to evaluate.

Explain in detail:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
4. The requested product is one with which I (or my staff) have specialized training and/or extensive experience. Retraining would incur substantial cost in money and/or time.

Manufacturer/model of existing equipment: _______________________________________
Age/Current Value: __________________________________________________________
Estimated hours/per person required to re-train: ___________________________________
Number of persons requiring retraining: _________________________________________
Other factors: __________________________________________________________________
____________________________________________________________________________

5. Other factors not addressed above which may assist in the sole source justification review process are: _______________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

AUTHORIZATION

Requestor ___________________________ Date _______________________
Department Head/PI/Budgetary Authority ___________________________ Date _______________________