



Sole Source Request Form

Competitive bidding is required for the purchase of goods or services of \$20,000 or more, unless an exemption is granted by Purchasing. LC State may forgo the competitive/solicitation process and approve sole source procurements provided the end-user can adequately demonstrate only one vendor can provide the good or service. Exemptions from bid will be granted in accordance with 4.111 Purchasing Policy and the Purchasing Procedures Manual (<https://www.lcsc.edu/purchasing>).

Complete this form electronically and submit to Purchasing via email at Purch@lcsc.edu.

Requested Supplier:

Good and/or Services:

Cost Estimate (also attach quote):

1. Sole Source Justification	
	Sole provider of licensed or patented good or service
	Sole provider of items that are compatible with existing equipment, inventory, systems, programs or services
	Sole provider of goods and/or services for which my department/division has established a standard**
	Sole provider of factory-authorized warranty service
<input type="checkbox"/>	Sole provider of goods and/or services that will meet the specialized needs of my department/division or perform the intended function (provide detail below or in attachment)
	Sole manufacturer and distributor (attach vendor's letter to this effect)
	Sole Source renewal request

***Procurements for goods and/or services for which a department/division has established a standard may require competitive bidding, if there is more than one vendor that can provide the good and/or service.*

2. Sole Source Details

1. Prior PO number:

Is this request a renewal?	Yes	No
If yes, complete questions 1 -3		
If no, complete questions 4-9		
Please answer each question in detail and attach additional information if necessary.		

2. Please confirm your department/division's ongoing business needs and attach a current quote.

3. Describe the steps taken to confirm that the good and/or service continues to qualify as a sole source. Include suppliers contacted, website searches, etc.

4. What necessary features does this vendor provide which are not available from other vendors?

5. What steps were taken to verify that these features are not available elsewhere? List other brands/manufacturers that were researched, including vendor contact information/websites AND/OR list vendors that were contacted and their contact information (names and phone numbers).

6. What makes this good or service unique? (For example, patents or copyrights, compatibility requirements with existing equipment, space constraints, etc.)

7. What steps have you taken to determine that this good or service is the only one that will meet your particular needs? (For example, professional opinions/correspondence, trade publications, information from other institutions have used the same product or service, site visits, etc.).

8. Will this purchase tie LC State to a particular vendor for future purchases? (For example, will we require maintenance that only this vendor can perform, or will we need to continue purchasing similar items to match this purchase).

9. Will this purchase tie LC State to a particular vendor for software and/or software maintenance? Does the sole source need to be renewable, and for how long?

3. Requester Affirmation

Statement of Need: My department/division's recommendation for sole source is based upon an objective review of the product/service required and appears to be in the best interest of the college. I know of no conflict of interest on my part or personal involvement in any way with this request. No gratuities, favors or compromising actions have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials, or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers that exist.

Requester Affirmation: I am aware LC State's Purchasing Policy requires procurements exceeding \$10,000.00 to be competitively bid when necessary. The following statements are complete and accurate, based on my professional judgment and investigations. I certify no other vendor can provide

the same or a similar product/service, to the best of my knowledge. I also certify that no personal advantage will accrue to me or any member of my immediate family as a result of this procurement.

I certify that the above information is complete and accurate to the best of my knowledge.

Requester Name:

Signature:

Department:

4. Purchasing Review

Sole Source Approved

Sole Source Not Approved

Term:

Notes, if applicable:

Signature: