

# PROCUREMENT SOLE SOURCE JUSTIFICATION REQUEST FORM

This form is used to request and document sole source requests where it is not possible to obtain a second quote or complete a formal solicitation process.



UNIVERSITY  
OF WYOMING

Procurement and  
Payment Services

## INSTRUCTIONS

Step 1: Review the [Sole Source Guidance and Instructions](#) document.

Step 2: Save with the Supplier name in the file name, close this form, and open the downloaded form to continue.

Step 3: **Do not print this form. Complete electronically in Adobe** and save with changes.

Handwritten forms will not be accepted. All applicable parties sign electronically with an Adobe electronic signature only.

Step 4: Email completed form along with supporting quote/proposal to [procurement@uwyo.edu](mailto:procurement@uwyo.edu) for review.

**Requests with missing information will be returned to requestor for completion.**

Step 5: **If less than \$100,000**

- Procurement will review and if approved, return the approved sole source form to requestor.

**If \$100,000 or more**

- Procurement Services will work with requestor on next steps in the sole source notification (SSN) process.
- Requestor will provide a summary of requested goods or services to be included in the SSN.
- Procurement will review and if approved return the approved sole source once the SSN has concluded.

## REQUESTOR INFORMATION

Today's Date \_\_\_\_\_ Department/College Name \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

### Sole Source Supplier Contact Information

Supplier Name \_\_\_\_\_ Email Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_

### Requestor Certification Acknowledgement

Prior to completing the information below, I acknowledge that I have reviewed the sole source instructions and guidance document (*include the link to the document here*).

Requestor's name \_\_\_\_\_ Date \_\_\_\_\_

### What is the business purpose of this purchase?

Purchasing decisions are business decisions made on behalf of the University and therefore should be made with the utmost consideration for what is in the best interest of the University. Department/college personnel take full responsibility for ensuring that the information on this form and all related documentation is accurate and truthful.

- Please use this link for more information, [UW Business Purpose Guide](#).

Has this supplier already started any work related to this request/project (not including a quote)? Yes      No  
If yes, please provide details.

What is the total anticipated cost of the purchase/the entire term of the contract? \$ \_\_\_\_\_

Is this an international purchase? Yes      No

Will Federal funds be used for this purchase? Yes      No

Is funding currently available for this purchase? Yes      No

Is prepayment/deposit required for this purchase? Yes      No

- If yes, what is the dollar amount of the prepayment/deposit: \$ \_\_\_\_\_

Is technology, software, or integration processes involved with this purchase? Yes      No

- If yes, has UW IT reviewed and approved this purchase? Yes      No
  - If no, please obtain approval before continuing with this form.

Does this purchase involve any alteration to university buildings or facilities? Yes      No

- If yes, has UW Operations reviewed and approved this purchase? Yes      No
  - If no, please obtain approval before continuing with this form.

**What is the GL charge account and/or project number that will be used to fund this purchase?**

*Complete the section(s) below that are most applicable to the funding source(s) that will be used for this purchase.*

GL Charge Accounts

*Entity - Account - Fund Class - Fund Source - Org - Exp Class - Program - Activity - Future - \$ Amount*

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Project Numbers - *If you are unsure if this purchase is allowable under this funding, please contact the Office of Sponsored Programs (OSP).*

*Project - Org - Exp Type - Task - \$ Amount*

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For GOODS (i.e. equipment, physical goods)

Is this a one-time purchase? Yes      No

Is this a purchase that will be made on a regular basis? Yes      No

- If yes, what is the anticipated frequency (i.e. monthly, quarterly, etc.) \_\_\_\_\_

Desired delivery date \_\_\_\_\_



**DETAILED JUSTIFICATION**

Provide a detailed explanation in your own words below of the “need” that must be fulfilled, focusing on the requirements (not a description of the company’s product or service).

- Explain why this supplier is uniquely qualified to meet your needs.
  
  
  
  
  
  
  
  
  
  
- List all sources identified and investigated to determine that no other source exists and explain why these similar goods or services could not fulfill the need or requirements.

\* Attach all documentation of research and communications with other suppliers when submitting this form.

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List below the names of each individual who was involved in making this sole source purchase recommendation.

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

**EXPLANATION OF PRICE REASONABLENESS**

Explain why the price for this product or service is considered to be fair and reasonable. Attach relevant documentation to support the explanation.

**Statement of Need/Certification/Non-Conflict of Interest**

I affirm that I have made a concerted effort to attain and review comparable/equal offerings and that I have been unsuccessful in attaining such offerings. I affirm that there is no conflict of interest involved in the selection I have made. Our department is the end user of the goods or services, and we have sufficient technical expertise to ensure the veracity of the specifications and requirements or have consulted with any applicable university experts.

- 1. Purchasing decisions are business decisions made on behalf of the University and therefore should be made with the utmost consideration for what is in the best interest of the University. Department/college personnel take full responsibility that the information on this form and all related documentation is accurate and truthful and that Purchasing Policies and Procedures were followed. Departments/colleges, as well as individuals, that are not handling purchases according to Policy and Procedures are subject to disciplinary action.
  - a. This form is a public document that is open to public inspection. You must certify that all facts and information are, to the best of your knowledge, true and accurate.

No gratuities, favors, or compromising action 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 to exist.

For goods and services valued \$10,000 - \$99,999.99, **I hereby declare that this justification for sole source procurement is accurate and complete to the best of my knowledge and belief.** Procurement Services may conduct a sole source notification process for sole source requests between \$10,000 - \$99,999.99.

Requestor Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For goods and services valued at \$100,000 or more, **I hereby declare that this justification for sole source procurement is accurate and complete to the best of my knowledge and belief.** For sole source requests of \$100,000 or more, a sole source notification process will be conducted by Procurement Services.

Department Head Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

College Dean or Associate Vice President Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROCUREMENT SERVICES OFFICE SIGNATURE REQUIRED before attaching to contract and requisition when applicable for the purchase of any goods or services.**

**FOR COMPLETION BY PROCUREMENT SERVICES**

Based on the information provided in this form, this form fulfills the supplier selection requirement.

Procurement Services Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Was sole source notification (SSN) process conducted?      Yes      No      If yes, SSN # \_\_\_\_\_

This sole source form is valid for FY \_\_\_\_\_ or for a \_\_\_\_\_ year term.      Date SSN Closed \_\_\_\_\_