

LAMAR STATE COLLEGE PORT ARTHUR REQUEST FOR SOLE SOURCE PURCHASE

(For Noncompetitive Purchases over \$15,000)

The competitive bidding process is the foundation of government purchasing. In rare situations though, due to the unique nature of some goods and services, competition may not be possible. It is the responsibility of the Purchasing Office to determine if a proprietary designation can be applied.

In order to make this determination, the Purchasing Buyer must understand the unique characteristic(s) of the good or service. This form is designed to assist faculty and staff in communicating the required information to **Purchasing**.

Please answer the questions below as completely as possible. Additional pages may be attached, if more space or additional documentation is needed. Requests should be typed.

GENERAL INFORMATION

| | |
|--------------------------|--|
| Today's Date: | |
| Estimated Dollar Amount: | |
| Requesting Department: | |

LSCPA CONTACT INFORMATION (Person to contact if Purchasing has questions about order)

| | |
|----------------|--|
| Name: | |
| Campus Phone: | |
| Email Address: | |

VENDOR INFORMATION

| | |
|-----------------------|--|
| Vendor Name: | |
| Vendor Contact: | |
| Phone: | |
| Fax: | |
| Vendor Email Address: | |
| Vendor Type: | <input type="checkbox"/> Service Provider <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor |

GOODS/SERVICES INFORMATION

| | |
|--|---|
| <p>PRODUCT MAKE/MODEL (If applicable)</p> | |
| <p>SPECIAL USE REQUIREMENTS (equipment only)</p> | <p>To be compatible with existing equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For the repair, maintenance or modification of existing equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For use as spare or replacement equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>DESCRIPTION OF REQUEST</p> <p><i>Describe in detail the good or service to be procured and how it meets your needs. Include a brief description of project for which the good or service will be used.</i></p> | |
| <p>UNIQUE FEATURES</p> <p><i>List the specific feature(s) or characteristic(s) that are <u>required</u> which are unique to the good or service. Describe the importance of the unique feature(s) as it applies to the intended use and project goals.</i></p> | |
| <p>EVALUATION OF OTHER SOURCES</p> <p><i>Identify other sources that were evaluated (including the names, manufacturers, model numbers, etc.) and the reason they were found to be unsatisfactory for the intended use or in meeting project goals. (Attach copies of any quotes collected from other vendors.)</i></p> | |

| | |
|---|--|
| <p style="text-align: center;">RISK ELEMENTS</p> <p><i>Describe any substantial risks that could not be overcome if the product or service was procured from another vendor.</i></p> | |
|---|--|

CONFLICT OF INTEREST STATEMENT

I, _____, the undersigned, hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein.

I am acting on my own accord and am not acting under duress. I (or immediate family members) are not currently employed by, related to an employee or official described by (1) or (2) within the second degree by affinity or consanguinity, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with this vendor in return for favorable consideration of this request. I also certify that I am not participating in activities outside of my employment which interfere with my official duties and responsibilities.

Signature
(Primary User)

Printed Name
(Primary User)

Date

DEPARTMENT APPROVAL – Dean/Chair/Business Officer*

By signing below, the department certifies that the information submitted on this form has been reviewed and this purchase has departmental approval. The final determination of sole source approval shall be made by the Purchasing Office.

Signature
(Dean/Department Head/Business Officer)

Printed Name
(Dean/Department Head/Business Officer)

*Departmental Approver should be senior to the Primary User.

Date

PROCUREMENT APPROVAL – TO BE FILLED OUT BY THE PURCHASING OFFICE

DETERMINATION: Approved Not Approved

Rationale for determination/comments:

Signature

Printed Name

Date