



## REQUEST FOR SOLE SOURCE JUSTIFICATION

**NOTE: Both the vendor and the product(s) must be deemed unique.**

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Preferred Vendor: \_\_\_\_\_ Amount: \_\_\_\_\_

I am aware that Section 41-16-50 of the Code of Alabama mandates that the Alabama Community College System procure all material, equipment, services, and supplies totaling \$15,000.00 or more via competitive bid. However, I am requesting sole/single source approval based on the following criteria. (Attach additional sheets as necessary)

I. The requested product is an integral repair part or accessory compatible with existing equipment.

A. Existing equipment: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model/Serial Number: \_\_\_\_\_  
Age/Current Value: \_\_\_\_\_  
Estimated Remaining Life Span: \_\_\_\_\_

B. Requested equipment/accessory/part: \_\_\_\_\_  
Manufacturer/Model Number: \_\_\_\_\_  
Dollar Value: \_\_\_\_\_  
Explain relationship between current equipment and requested equipment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. The requested product has unique design/performance specifications which are essential to the institutions needs and are not available in comparable products.

A. These capabilities are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Vendor: \_\_\_\_\_  
Vendor contact/phone #: \_\_\_\_\_  
Product Description: \_\_\_\_\_  
Technical Deficiencies: \_\_\_\_\_

2. Vendor: \_\_\_\_\_  
Vendor contact/phone #: \_\_\_\_\_  
Product Description: \_\_\_\_\_  
Technical Deficiencies: \_\_\_\_\_

3. Vendor: \_\_\_\_\_  
Vendor contact/phone #: \_\_\_\_\_  
Product Description: \_\_\_\_\_  
Technical Deficiencies: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NO SOLE SOURCE WILL BE APPROVED WITHOUT THE BELOW SIGNATURES**

I certify that the above information is true and correct and that I have no financial or other beneficial interest in the vendor.

\_\_\_\_\_  
Full Name of Principal Investigator      Date: \_\_\_\_\_      Signature

\_\_\_\_\_  
Dean/Director of Program      Date: \_\_\_\_\_      Signature  
(Print or Type)

\_\_\_\_\_  
Chief Financial Officer      Date: \_\_\_\_\_      Signature  
(Print or Type)

- Sole/Single Source justification is adequate and purchase is authorized without competitive solicitation.
- Sole/Single Source justification is inadequate and purchase **is not** authorized without competitive solicitation.

\_\_\_\_\_  
President      Date: \_\_\_\_\_      Signature