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**Sole Source Justification & Approval**

**PURPOSE: TO JUSTIFY WHY A COMPETITIVE SOLICITATION IS NOT POSSIBLE FOR THIS REQUESTED PURCHASE.**

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| **Note**: ALL QUESTIONS MUST BE ANSWERED. Answers which require additional space should be attached to this justification with reference to the specific question number. Additional documents that pertain to these questions may also be attached with reference to the question number. |

1. Describe Item/Service to be purchased:

1. WERE ALTERNATIVE GOODS/SERVICES EVALUATED?

🗖YES 🗖NO If YES, why were they unacceptable to meet the need? If NO, why not?

1. IF THIS PURCHASE IS RESTRICTED TO A SOLE SOURCE, PLEASE IDENTIFY:

Company Name:

Street Address:

City: State: Zip Code:

Name of Vendor SALES Contact:

Telephone Number: EMAIL ADDRESS:

1. In the following areas, indicate the reason(s) why this Item/service cannot be procured through **open competition**. Check all boxes that apply and provide an explanation in Section 5 for those selections made.

**(COST CANNOT BE A FACTOR**)

1. 🗖 PROPRIETARY TO VENDOR

i) UNIQUE SKILL SET OF PERSONNEL

ii) ADDITION TO EMBEDDED PRODUCT(S) ALREADY IN USE BY DEPARTMENT

iii) REQUIRED TO BE COMPATIBLE/maintain continuity WITH EXISTING software/EQUIPMENT/SYSTEM

a) Upgrade, b) Renewal, c) Support, d) Maintenance

1. 🗖 NO OTHER KNOWN SOURCE (Identify your search results, listing vendors considered or references)

i) ONLY SOURCE THAT FUNCTIONALLY MEETS DEPARTMENTS MINIMUM REQUIREMENTS

ii) only SOFTWARE, design OR SKILL SET that meetS network security requirements

iii) only SOFTWARE, SERVICE OR PROVIDER that IS WCAG, PCI, AND/OR ACH COMPLIANT (\*See Below)

C. 🗖 UNIVERSITY STANDARD / CONSISTENT WITH UNIVERSITY’S APPROVED PROTOCOL

D. 🗖 RESEARCH STANDARD / CONSISTENT WITH CONSORTIUM OR GOVERNMENT DIRECTIVES

i) ITEMS TO BE PROCURED HAVE BEEN DIRECTED BY CONSORTIUM

ii) GOVERNMENT GRANT DEADLINE

E. 🗖 EMERGENCY: (Only source immediately able to meet compelling urgency to avoid a threat to health, welfare, safety, or critical network**/**system security or operability.)

\*WCAG - Web Content Accessibility Guidelines (For persons with disabilities)

\*PCI - Payment Card Industry

\*ACH - Automated Clearing House

5. Provide additional supportive information for any selection made in Section 4. (Include specific, quantifiable factors and unique features):

6. WHEN IS THE ITEM OR SERVICE ACTUALLY REQUIRED? (Give approximate date) WHAT WILL BE THE IMPACT IF THE ITEM IS NOT RECEIVED OR THE SERVICE NOT FURNISHED BY THE STATED DATE?

7. WHAT STEPS ARE BEING TAKEN TO INSURE THAT FUTURE ACQUISITIONS OF THIS ITEM OR SERVICE ARE MADE COMPETITIVELY? (If the requirements are for a one-time purchase only, please state that no future buys are anticipated.)

8. WILL THIS PURCHASE OBLIGATE THE UNIVERSITY TO FUTURE PURCHAES (MAINTENANCE, LICENSING OR CONTINUING NEED)? (If yes, please explain)

9. WHAT EFFORTS WERE MADE TO GET THE BEST PRICE? WHY IS THIS PRICE FAIR AND REASONABLE?

**CERTIFICATION FROM THE REQUESTER**

The undersigned states that he/she has prepared the above documentation and that the facts and data set forth are complete and accurate to the

best of the undersigned's knowledge and belief.

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NAME AND TITLE (Please type or print) EMAIL

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DEPARTMENT PHONE DATE

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SIGNATURE Attached Documents? 🗖Yes 🗖 No

*(PF5.0646-1011) 07.23.18*