**SOLE SOURCE REQUEST DOCUMENT**

**(Request to Waive Competitive Bidding Process)**

Sole Source Procurement is an option if a purchase requirement is reasonably available from a single supplier only or it otherwise qualifies under Canyons School District policy (see the last page of this form for the policy). Scan and attach this completed form to an electronic copy of the Requisition or fax or e-mail to the Purchasing Department.

This request **must** be approved by Purchasing **prior** to placing an order (if the total purchase is over $1,000). Allow enough time for bidding should this request be denied. In cases of reasonable doubt, competition will be solicited. If this request is for a purchase exceeding $5,000 it will be posted publicly, inviting comments for a minimum of five (5) working days. Any request exceeding $80,000 requires approval by the Board of Education.

**NOTE:** This Word document is designed to allow the requestor to provide as much information as needed. Please click on the blue fields to insert the information. Use the tab key to advance to the next field. Please complete **all** fields below. Requests missing information will be rejected and returned to requestor for completion.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requesting School or Dept:** | | | | |  |
| **Requisition Number:** | | |  | | |
| **Contact Person and Title:** | | | |  | |
| **E-mail Address:** |  | | | | |
| **Telephone Number:** | |  | | | |

|  |  |
| --- | --- |
| **Product / Service to be Purchased:** |  |

[Give a **full**, complete description and list specifications of goods or “Scope of Work” for services to be purchased.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Cost (include renewal periods if any):** | | | | |  |
| **Recommended Supplier/Contractor:** | | | |  | |
| **Supplier Contact Person:** | |  | | | |
| **Supplier Telephone Number:** | | |  | | |
| **Supplier Email Address:** |  | | | | |
| **Supplier Address (include Zip Code):** | | | |  | |

**This Sole Source request is based on which of the following (check all that apply):**

|  |  |
| --- | --- |
|  | Compatibility of equipment or services (complete sections A and B below). |
|  | Trial or testing (complete section C, below). |
|  | The equipment or service is only available from a single supplier in the U.S. (complete section A below). |
|  | Compatibility and consistency of professional services (complete section A below). |

**SECTION A: General Information**

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| --- | --- |
| **1.** | What is unique about this product or service to justify a sole source? |
|  |  |
| **2.** | Could the product or service be reasonably modified to allow for competition? |
|  |  |
| **3.** | Explain the market research you performed to make this sole source recommendation? |
|  |  |
| **4.** | List the names of suppliers you’ve contacted, their contact person with contact information, and a summary of their response. |
|  |  |
| **5.** | Disclosure must be included with this request if the requestor has any personal, financial, or fiduciary relationship with the recommended supplier. [Please attach the disclosure to this form]. |

**SECTION B: Compatibility of Equipment/Service**

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| --- | --- |
| **1.** | Describe the existing equipment/service that this purchase must be compatible with, the original supplier, the original purchase price, and date of purchase. |
|  |  |
| **2.** | What is the remaining life expectancy of the existing equipment/service? |
|  |  |
| **3.** | What procurement method was used to purchase the existing equipment/service (Bid, RFP, or Sole Source)? |
|  |  |
| **4.** | What was the solicitation number? |
|  |  |

**SECTION C: Trial or Testing**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Why is the trial or testing necessary? | | |
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| **2.** | What is the anticipated end result of the trial or test? | | |
|  |  | | |
| **3.** | Do any other suppliers provide this product or service? | | |
|  |  | | |
|  | a. | If yes, list the company names with contact information. | |
|  | | |  |
|  | b. | Will their products be tested? | |
|  | | |  |
| **4.** | What criteria were used to choose this supplier? | | |
|  |  | | |
| **5.** | What is the size or scope and location of test or trial? | | |
|  |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requested by:** | | |  | | |  | **Approved by:** | |  |
|  | | | |  |  |  |  |  |  |
| *School/Dept. Authorized Signature* | | | |  | *Date* |  | *Purchasing Dept. Signature* |  | *Date* |
|  | | | |  | |  |  |  | |
| *Printed Name* | |  | |  | |  | *Printed Name* |  | |
|  | | | |  | |  |  | |  |
| *Title* |  | | |  | |  |  | |  |

**NOTE: If submitted by e-mail, type the requestors’ name on the signature line. Electronic submittal**

**constitutes implied signature by requestor.**

Revised 7/21/16