**Non-Competitive Justification Form**

**Instructions**: University policy requires that departments use existing agreements or work with Procurement Services to obtain competitive bids for all orders (purchase orders or contracts) totaling $10,000 or more. Any request to deviate from this policy requires written justification from the requestor to Procurement Services ***prior to issuance of a purchase order or contract***.

Special or unique features may be used as a consideration; however, price, quality and/or delivery terms may not be used as a basis for sole source justification. Sole source requests may not be used for the purpose of expediting a purchase which otherwise would not qualify as a sole source.

**Quick Reference Guide on what is eligible versus not eligible for a sole source purchase:**

|  |  |
| --- | --- |
| **Eligible for Sole Source** | **Not Eligible for Sole Source** |
| Only **one** product or service can meet the department’s specific need and the product or service is available from only **one** source | I have worked with this supplier in the past and liked their work/products |
| This product or service must be compatible or consistent with past acquisitions (example: must be compatible with existing equipment) | This supplier’s pricing is better than other suppliers’ pricing or this supplier is offering a discount (price is never a justification for a sole source) |
| This service involves highly skilled judgement, training, artistic ability, or other attributes whose quality depends on an individual’s characteristics and knowledge | This supplier was recommended by a colleague |
| This supplier is the only one who can provide maintenance services on existing equipment that they manufactured and no one else is certified to provide the maintenance | The product is made by one manufacturer but available through multiple distributors/sources |
|  | The supplier has provided a sole source letter |

**Section 1: Basic Information**

Date:Click or tap to enter a date. Requisition or Contract Number: Click or tap here to enter text.

Name: Click or tap here to enter text. Title and Department: Click or tap here to enter text.

Phone # Click or tap here to enter text. Email Address: Click or tap here to enter text.

Amount: $Click or tap here to enter text. Department Account #: Click or tap here to enter text.

Source of Funding (Federal, State, University, etc.): Click or tap here to enter text.

Contractor/Supplier Name: Click or tap here to enter text.

Contractor/Supplier Contact Information (Phone/Email): Click or tap here to enter text.

Dates of Agreement: Click or tap to enter a date. To Click or tap to enter a date.

**Amendment to an Existing Agreement**

If your request is to amend an existing purchase order or contract, please complete the following information.

Existing PO or Contract Number: Click or tap here to enter text.

Amendment Start Date: Click or tap to enter a date. Amendment End Date:Click or tap to enter a date.

Amendment Amount: $Click or tap here to enter text. Total Amount w/ Amendments: $Click or tap here to enter text.

**Overview of Purchase**

In plain language please provide a full description of the product or service that you are requesting to purchase.

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| --- |
| Click or tap here to enter text. |

**Section 2: Reason for Sole Source**

|  |  |  |
| --- | --- | --- |
| **Check all that apply and complete the corresponding sections.** | | |
|  | There is only one source for the product or service | Complete Section A |
|  | This transaction involves compatibility with existing equipment, technology, software, accessories, replacement parts, or must be utilized to maintain continuity of services | Complete Section B |
|  | This service involves highly skilled judgment, training, or artistic ability | Complete Section C |
|  | This purchase constitutes an emergency (imminent threat to property or safety) | Complete Section D |
|  | Other: this purchase does not fit any of the above criteria | Complete Section E |

**Section A: Only One Source for Product or Service**

|  |  |
| --- | --- |
| 1. | Explain in detail why the product or service is only available form a single source. **Explanation must include a statement that the requestor validates this is the only source.** |
|  | Click or tap here to enter text. |
| 2. | Explain market research efforts that were undertaken to determine this purchase is a sole source. |
|  | Click or tap here to enter text. |
| 3. | Is this product being purchased directly from the manufacturer?  Yes  No  If NO, is it available from more than one source (distributor/dealer)?  Yes  No  If YES, it is available from more than one source, why can this product not be bid? |
|  | Click or tap here to enter text. |
| 4. | If there are other suppliers of similar products or services, provide a comparison of key features, specifications, qualifications that clearly distinguishes your selection as the only source of these products/services that will meet your specified requirements. |
|  | Click or tap here to enter text. |

**Section B: Compatibility**

|  |  |
| --- | --- |
| 1. | Describe the existing equipment or service with which this purchase must be compatible; include date of purchase for the existing equipment. |
|  | Click or tap here to enter text. |
| 2. | If the requested products or service is essential in maintaining consistency of research or experiments, please explain. |
|  | Click or tap here to enter text. |
| 3. | If the requested product/service, part, or accessory is an integral repair part or accessory compatible with existing equipment please explain. |
|  | Click or tap here to enter text. |
| 4. | Explain why using another manufacturer or service provider is not possible. |
|  | Click or tap here to enter text. |

**Section C: Skilled Judgement, Training, Artistic Ability**

|  |  |
| --- | --- |
| 1. | Describe how the skill, training or artistic ability of the service provider makes that provider the only one capable of performing the service. |
|  | Click or tap here to enter text. |

**Section D: Emergency**

|  |  |
| --- | --- |
| 1. | Describe the nature of the emergency |
|  | Click or tap here to enter text. |

**Section E: Other**

If the product or service does not satisfy the requirements of a sole source as outlined in Section 2, please provide a detailed description why this purchase should be considered a sole source.

|  |  |
| --- | --- |
| 1. | Other |
|  | Click or tap here to enter text. |

**Software Products and Services:**

Is the requested product or service for an application software (desktop or local server based) or a hosted software as a service (SaaS)?

Yes  No

If yes, has the applicable campus information technology office completed a data and systems security and risk assessment review?

Yes  No

**Certification**

I acknowledge the University’s requirements for soliciting competitive bids for purchases over $10,000 and the criteria for justification for Sole Source purchases, and affirm that there is no actual or potential conflict of interest ([GE0002](https://policy.tennessee.edu/policy/ge0002-conflicts-of-interest-commitment/)) involving the requested vendor.

**Requestor Name and Title Signature\* Date**

Click or tap here to enter text. **\_\_\_\_\_\_\_\_\_** Click or tap to enter a date.

\*signature is required