

DAVIS SCHOOL DISTRICT

Purchasing Department

revised 11/14/2006

SR # _____

Date Approved: _____

Expiration Date: _____

Review Date: _____

SINGLE/SOLE SOURCE REQUEST

Instructions: Prior to obligating the District to any purchase, school or department administrators seeking approval to make a single/sole source purchase (waiver of competitive bid process) must first complete this form and submit it to the Purchasing Department for approval along with applicable documentation. A single /sole source request is appropriate only if a purchase requirement is reasonably available from a single or sole source provider or if it otherwise qualifies under the Utah Administrative Code R33-3-401. All single/sole source requests of \$1,000.00 or greater must be pre-approved by the Purchasing Department. Requests missing information will be denied and returned to the requestor for completion.

It is anticipated this purchase will result in a (check one):

District Purchase Order

School Purchase Order

District Contract

Requesting School/Department: _____

Contact Person & Title: _____

Email Address: _____

Phone/Fax Number: _____

Requisition Number: _____

Product or Service to be Purchased: _____

Estimated Cost: _____

Recommended Supplier: _____

(Complete this section if not an already existing vendor in Encore)

Address: _____

Phone/Fax: _____

Contact Person: _____

E-mail Address: _____

Complete the following information (check one):

Corporation

Partnership

Sole Proprietor/Individual

Government

Medical Provider

Other: _____

Federal Tax ID # (TIN): _____

If Sole Proprietor/Individual, Social Security Number: _____

Single/Sole source request is based on the following (Check all that apply):

- Compatibility of equipment/service (complete section A & B)
- Trial or Testing (complete section C)
- Equipment/service is only available from a single/sole supplier in U.S. (complete section A)
- Compatibility of professional services (complete section A)

Complete the applicable section(s) in as much detail as possible. Attach a separate sheet , if necessary. **Failure to provide sufficient information will result in denial of the request or a delay in review and approval.**

Section A. GENERAL INFORMATION

1. What is unique about this product/service to justify a single/sole source?

2. Could the product/service be reasonably modified to allow for competition? Please explain:

3. Explain the market research performed to make the single/sole source recommendation:

4. List the names of suppliers contacted, contact person and a summary of their response:

5. Does requestor have a personal, financial or fuduciary relationship with the recommended supplier? If "yes", attach complete disclosure:

- Yes No

Section B. COMPATABILITY OF EQUIPMENT/SERVICES

1. List the manufacture name, make, model #, etc. of the existing equipment with which this purchase must be compatible.

2. What is the remaining life expectancy of the existing equipment

Section C. TRIAL OR TESTING

1. Why is the trial or testing necessary?

2. What is the anticipated end result of the trial or test

3. Do any other suppliers provide this product or services? If "yes" list the company names(s). Will their product be tested?

4. What criteria were used to choose this supplier?

5. What are the scope/size, duration and location of the test or trial

Requestor Comments or Instructions:

Requested by:

Name (please print) _____

Date: _____

Signature: _____

Title _____

Department Director /School Principal Approval:

Name (please print) _____

Date: _____

Signature: _____

Purchasing Department Review:

Approved

Conditional Approval

Denied

Single Source

Sole Source

Comments/Rationale for Denial/Instructions

Reviewed by:

Name (please print) _____

Date: _____

Signature _____

Title _____

Approval Expiration Date _____