



**ILLINOIS INSTITUTE OF TECHNOLOGY - SOLE SOURCE JUSTIFICATION REQUEST FORM**

This form must be used to provide justification for vendor selection without use of competitive bidding in purchases of \$25,000 or more.

Requisition Number:	R _____
Proposed Sole Source Vendor:	

1. Please check all applicable categories below and provide additional information where indicated.

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

Existing Equipment Description:		
Manufacturer/Model Number:		
Age of the Equipment:	Current Value:	
Asset or Original PO Number:		
What are the unique properties that make this the only product compatible with existing material or research?		

- b. The requested product has unique design/performance specifications or quality requirements which are essential to my research, teaching, or maintenance needs and are not available in comparable products.

What research/investigation has been done to support this claim (i.e., trade shows, Internet searches, professional journals, colleagues, etc.)? Please list sources	
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What other manufacturers did you contact and why did you not use them?	
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- c. The requested product or service is essential in maintaining research continuity and/or to remain in compliance with established university standards. (Check applicable category below.)
  - Requested product is being used in continuing research experiments
  - I am collaborating with other investigators who have used this product and, for compatibility of research results, I must also use it
  - I have standardized the requested product and the use of another brand/model would require considerable time and funding to evaluate
- d. The requested product is one with which I and/or my staff have specialized training/extensive expertise, and retraining would incur substantial cost in time/money.
- e. The requested provider of services has unique or exclusive capabilities that no other provider has.
- f. Other factors are involved. (Provide detailed explanation below.)

2. Provide a detailed explanation for categories checked in 1a. through 1f. above. **Attach additional sheets if necessary.**

3. Was an evaluation of other equipment, products, or services completed?  YES  NO.  
**If yes, please attach the results of the evaluation.**

4. List below the names of each individual who was involved in making the recommendation to sole source this purchase.

*Purchase Requisitions for goods and services that are to be purchased from a specific vendor or limited to a specific brand, where substitutes to the suggested vendor or brand are unacceptable, must be accompanied by a written justification explaining the circumstances that make alternatives unacceptable. **The justification must be signed by the principal investigator, department chair, or director.** The individual signing the justification must disclose in writing whether or not he/she has a potential or actual conflict of interest. University employees are not to make or participate in any purchasing decision that places them in a conflict of interest between their official university duties and any other interest or obligation. University employees who have a business relationship or financial interest (including that of a near relative) in the suggested vendor, who are conducting research for the suggested vendor, or who have received or anticipate receiving gifts, honorarium, or research grants from the suggested vendor must disclose the conflict of interest.*

*The Director of Purchasing or his/her designee will determine whether the justification is appropriate. Sole source justifications are to be supported by factual statements that will pass an internal or Federal audit. It is the salient features of a product that make it a sole source.*

5. I certify that I have read the above statement, that the information entered on this form is factual, that no personal advantage, gain, or privilege has (or will) accrue to me through the purchase from this vendor, that I have reviewed the vendor's proposed costs and find those costs fair and reasonable for the effort proposed, and that a signed copy of this Sole Source Justification document, and all associated disclosure statements, will be kept on file in my department.

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*Signature*

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*Printed Name and Title\**

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*Date*

\*must be Principal Investigator, Department Chair or Director