

Submitted by: _____ Department: _____ Date: _____

Supplier Name: _____ Total Purchase Amount: \$ _____

Provide Requisition or Payment Request No.: _____ **Or Check Box:** P-Card Other

Policy: This Request for Single/Sole Source Procurement Form must be completed for purchases where competition is restricted or limited in accordance with Strategic Procurement Policy 2.121. **All Parts must be completed in their entirety.** In addition, you must provide a complete explanation of why the good(s) or service(s) cannot be obtained through competition. Attach additional pages if needed, and where required, attach supporting documentation.

Certification: The individual providing the explanation is required to wet or digitally sign as "Preparer" in PART V in order to certify the justification. The department supervisor, Director, or departmental Finance representative must also wet or digitally sign as "Approver". **General information about DocuSign can be found on the OIT IT Service Catalog Website:**

<https://it.emory.edu/catalog/collaboration/document-management.html>

System Attachments: Attach this completed form and all supporting documentation to the applicable system (Compass, Emory Express, P-Card, etc.) **Failure to attach this Form with backup documentation will result in the Form being returned to the department.** This form confirms the Preparer and Approver have reviewed and approved this Single/Sole Source Procurement Form. Strategic Sourcing and/or your Finance department may require additional information and/or may determine that a competitive bid/solicitation is required.

PART I: Supplier and Good(s)/Service(s) Purchase Request

Supplier's Contact Name: _____

Phone: _____ Email: _____

Brief Description of Good(s) or Service(s) being purchased. If other good(s)/service(s) have been evaluated and deemed unsuitable, provide supplier name, description of item, and your rationale for exclusion from this policy. Also include relevant supplier contact information, correspondence, and price quotations received concerning other good(s)/service(s) considered:

Check the Box if no other supplier(s) were considered:

PART II Reasoning: Check the applicable box(es) below that describe why this purchase is precluded from the competitive bid process. Attach additional pages and backup documentation if needed.

Sole Source:

- Goods or services can be obtained from only one (1) supplier. Describe the unique characteristics of the good(s) or service(s). A quotation is attached, and the prices/terms are deemed reasonable for the value presented.

Single Source:

- Use of this supplier is required by contract/agreement, compatibility, or professional services with standardized or existing equipment, granting or another governing agency. Attach a copy of the award page or requirement page referencing this requirement. The Federal awarding agency or pass-through entity expressly authorized noncompetitive proposals in response to a written request from the non-Federal entity.
- Exigency: Life, safety or health must be sustained through the immediate delivery of products or performance of services. Procurement is limited to the duration to address/remedy the exigency. A critical agency mandate, statutory or operational requirement must be fulfilled immediately. Please explain the emergency circumstances. Absence of time for competition should not serve as a justification for exigency.
- After solicitation of several sources, competition is determined inadequate. Attach documentation of supplier responses.

Unauthorized Purchase:

- This item or service was received by the department PRIOR to the submission of an official requisition.

PART III Reasonable Price Establishment: Check the applicable box(es) to confirm the accepted price is fair and reasonable. Attach supporting documentation to support your submission of this form.

- The price was obtained from a catalog, standard price list, or is standard pricing that this supplier charges for like good(s) and /or service(s) sold to the general public. (Catalog or price list must be provided or be on file.)
- The quoted prices are lower than prices available to the general public and reflect substantial savings or are equal to or lower than those offered to any government agency or private institution. (Attach price list.)
- Item or service is so unique there is no reasonable comparison. Explain your rationale and the process you used to determine this (Attach copies of website review, email from supplier, or other supporting documentation.)

PART IV: Detail your reasoning to support selections in Parts I, II and III. If additional space is needed, include explanation(s) as attachments to this form.**PART V Attestation: Department Contact / Certification (*Wet or any encrypted digital signature required.*)**

I certify that to the best of my knowledge, I have investigated and found that the above reasons and explanations justify waiver of competitive bidding and the reasonableness of the price. I am the individual who has gathered and provided this detailed information and any further questions regarding these details can be directed to my attention. I certify that this purchase will not present a conflict of interest, nor have I received gifts or gratuities from this supplier, per Emory's Conflict of Interest policies.

PREPARER SIGNATURE: _____ **Date:** _____

Name (print): _____ Title: _____

Phone Number: _____ E-mail Address: _____

Supervisor, Director, or Departmental Finance representative [Note: Approver's Signature is Required.]**APPROVER SIGNATURE*:** _____ **Date:** _____

Name (print): _____ Title: _____

Department: _____

**Sole source attestation does not constitute delegated signature authority per Policy 1.2.*