Request for Sole Source
(Purchasing Request Estimate is $10,000.00 or Greater)

To:  Idaho State University – Director of Purchasing – Lisa Leyshon

From:  

Sole Source Request for the purchase of:  

Requested Supplier:  

Requisition Number:  

Cost Estimate:  

Sole source purchases are defined as clearly and legitimately limited to a single supplier. Sole source purchases are only allowed when based upon strong technological grounds such as operational compatibility with existing equipment and related parts, or upon a clearly unique and cost effective feature requirements. The use of sole source purchases shall be limited to only those specific instances that are completely justified to satisfy compatibility, technical performance needs, or other unique circumstances.

Statement of Need
My department’s recommendation for sole source is based upon an objective review of the product/service required and appears to be in the best interest of the University. I know of no conflict of interest on my part or personal involvement in any way with this request. No gratuities, favors or compromising actions have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials, or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers that exist.

Requester Affirmation
I am aware ISU Purchasing Policy requires procurements exceeding $10,000.00 to be competitively bid when necessary. The following statements are complete and accurate, based on my professional judgment and investigations. I also certify that no personal advantage will accrue to me or any member of my immediate family as a result of this procurement.

Requester Signature:  Date:  

Requester Printed Name:  

ISU Purchasing Department Buyer:  

Signature:  Date:  

ISU Director of Purchasing:  

Signature:  Lisa Leyshon  Date:  

Term:  through  

Revision 2: April 21, 2022
Idaho State University
Purchasing Services

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Requisition Item/Service: ____________________________________________________________

Is this a renewal? Yes ☐ No ☐ If Yes, answer questions 1 – 4
If No, answer questions 4-11

1. Prior Purchase Order Number: ____________________________________________________

2. Please confirm your department's continuing business needs, and attach current quote.

3. Describe the steps taken to confirm that the product/service continues to qualify as a sole source; include suppliers contacted, web searches, etc.

4. Justification that this is a sole source*, check all that apply:
   - Sole provider of a licensed or patented good or service
   - Sole provider of items that is compatible with existing equipment, inventory, systems, programs or services
   - Sole provider of goods and/or services for which my department has established a standard**
   - Sole provider of factory-authorized warranty service
   - Sole provider of goods and/or services that will meet the specialized needs of my department or perform the intended function (please detail below or in an attachment)
   - Sole manufacturer and distributor (attach Manufacturer’s letter to this effect)
   - This renewal request has already been advertised
5. What necessary features does this vendor provide which are not available from other vendors? Please be specific.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. What steps were taken to verify that these features are not available elsewhere?

________________________________________________________________________

Other brands/manufacturers were examined (please list phone numbers and names, and explain why there were not suitable). You may use an attachment if necessary.

________________________________________________________________________

Other vendors that were contacted. Please list names and phone numbers and explain why these were not suitable. You may use an attachment if necessary.

________________________________________________________________________

________________________________________________________________________

*Sole Source: only one vendor possesses the unique and singularly available capability to meet the requirement of the solicitation.

**Procurements of items/services for which your department has established a standard by designating a brand or manufacturer or by pre-approving via a testing shall be competitively bid if there is more than one vendor that can provide the commodity/service.

Please answer each of the following in detail. You may attach a separate sheet if necessary, referencing each question by number:

7. What makes this commodity/service unique? (Patents/copyrights, need compatibility with existing equipment – why? Space constraints, must match equipment with another agency or department, consequences if this were put out for bid, etc.)

________________________________________________________________________

________________________________________________________________________

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8. What steps have you taken to determine that this is the only product or service that will meet your particular needs? (Professional opinions/correspondence, trade publications, trade shows, visits to, or correspondence with, other institutions that have installed the same product, site visitations, etc.)

9. Will this purchase tie us to a particular vendor for future purchases? (Either in terms of maintenance that only this vendor will be able to perform and/or if we purchase this item, will we then need more “like” items in the future to match this one?)

10. Will this vendor tie us to a particular vendor for software and/or software maintenance? (Do you need it to be renewable and for how long?)

11. Please affirmatively state, “No other vendor can provide the same or a similar product/service,” and enclose any other information which will help make the determination that this is a sole/single source procurement.