

SOLE SOURCE JUSTIFICATION FOR SERVICES (\$25,000 or more)

This questionnaire will assist faculty and staff in providing necessary information to process contracts for the acquisition of proprietary or sole-source services, with a total cost of \$25,000 or more. Any service for which there is competition is subject to bidding requirements. In order to qualify as a sole source, the service must be unique or obtainable from only one provider. It is incumbent upon the user or ordering department to provide substantiation for the sole source classification. This information, as with all purchase contracts, is public information, and subject to review by auditors and the public.

Please complete all information, obtain necessary approvals and forward the necessary forms and back-up information including the applicable quotation. If more space is needed, attach additional page(s).

PURCHASE REQUISITION or INDEPENDENT CONTRACTOR

Contract No. and Contractor Name: _____

1. Identify the special and/or unique qualifications of the individual/company and the reason such qualifications are necessary in the performance of the project requirements:

2. Identify all other sources that have been considered for this project and why they were found unsatisfactory (Attach any quotes/proposals received from other sources):

Note: Formal bids for purchases of \$50,000 or more must be conducted by the Purchasing Department. Obtaining any number of quotations from suppliers does not satisfy this requirement.

Your signature below insures that:

- No employee-employer relationship exists.
- The payment for services is within the range of competitive market wage scales for like services. NOTE: If this is a federally funded project, Prevailing Wage rates and rules must apply.
- This contractor is not related to anyone who has authority over the contract and/or is not an employee of any NSHE component.
- You certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for this sole-source or proprietary procurement.

Submitted By: _____
Printed/Typed Name and Title Department

Authorized Signature Date Phone No: _____

If the vendor is an individual or sole-proprietor, complete an Independent Contractor form and submit it with this completed form and applicable back-up documentation to your institution's Controller's office. All other purchases of services should be processed using a requisition form.

CONTROLLER/ PURCHASING APPROVAL

Authorized Signature Date

All service providers must be properly licensed to perform the requested services and must provide proof of necessary insurance coverage before beginning their work.