



Sole Source Request Document
(Request to Waive Competitive Bidding Process)

This request **must** be approved by accounting/purchasing prior to placing an order (if the total purchase is over \$1,000.00). Allow enough time for bidding should this request be denied. In cases of reasonable doubt, competition will be solicited. If this request is for a purchase exceeding \$50,000.00 it will be posted publicly, inviting comments for a minimum of five (5) working days and requires approval by the Summit Academy Board of Trustees.

NOTE: This Word document is designed to allow the requestor to provide as much information as needed. Please click on the blue fields to insert the information. Use the Tab Key to advance to the next field. Please complete all the fields below. Requests missing information will be rejected and returned to the requestor for the completion.

Email Address: _____

Telephone Number: _____

Product/Service to be purchased: _____

Total Cost : _____

Recommended Supplier/Contractor: _____

Supplier Contact Person: _____

Supplier Telephone Number: _____

Supplier Email Address: _____

Supplier Address (include Zip Code): _____

This Sole Source request is based on which of the following (Check all that apply):

Compatibility of equipment or services (Complete sections A and B below).

Trial or testing (Complete section C below).

The equipment or service is only available from a single supplier in the U.S. (Complete section A below)

Compatibility and consistency of professional services (Complete section A below)

SECTION A: General Information

1. What is unique about this product or service to justify a sole source?
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2. Could the product or service be reasonably modified to allow for competition?

3. Explain the Market research you performed to make this sole source recommendation?

4. List the names of suppliers you've contacted, their contact person with contact information and a summary of their response.

5. Disclosure must be included with this request if the requestor has any personal, financial, or fiduciary relationship with the recommended supplier. [Please attach the disclosure to this form].

SECTION B: Compatibility of Equipment/Service

1. Describe the existing equipment/service that this purchase must be compatible with, the original supplier, the original purchase price and date of purchase.

2. What is the remaining life expectancy of the existing equipment/service?

3. What Procurement method was used to purchase the existing equipment/service (Bid, RFP, or Sole Source)?

4. What was the solicitation number?

SECTION C: Trial or Testing

1. Why is the trial or testing necessary?

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

3. Do any other suppliers provide this product or service?

a. If yes, list the company names and contact information.

b. Will their product be tested?

4. What criteria were used to choose this supplier?

5. What is the size or scope and location of the trial or test?

Requested by:

date: _____

Approved by:

date: _____

(Printed Name)