



SINGLE/SOLE SOURCE JUSTIFICATION FORM

Requisition No. _____

FOAPAL _____

Name _____

Department _____

Title _____

Telephone Extension _____

Statutory Provision: *RS 39:1597 (Sole Source Procurement) of the Louisiana Procurement Code provides that a contract/purchase order may be awarded for a required supply, service or major repair without competition when, under regulations, it is determined in writing that there is only one source for the required supply, service or major repair item.*

Single Source definition: Choosing to use only one supplier when multiple suppliers exist, whereas "sole sourcing" occurs when only one supplier for a product/commodity is available.

1. Identify items or services to be approved for single/sole source treatment:

2. State relevance of purchase to your mission, purpose, research or study:

3. Name of manufacturer of item(s): _____

4. Identify single/sole source supplier:

Name of Supplier _____

Mailing Address _____

Phone Number _____

Fax Number _____

Web Site Address (if available) _____

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5. If purchase related to compatibility with existing equipment, then identify the item(s) and applicable tag number(s) of state equipment

6. Single/sole Source Considerations – (Mark the one that best qualifies)

- A. ☐ Exclusive Rights . . . Item under patent or copyright held by a single vendor and item possesses functions or capabilities critical to use. (Attach applicable support and provide detail in Section 9)
- B. ☐ Proprietary Design . . . Item possesses a unique function or capability critical in the use of the item and not available from any other sources. (Provide detail in Section 9)
- C. ☐ Replacement Equipment . . . The purchase is for equipment associated with use of existing equipment where compatibility is essential for integrity of results. (complete Section 5, 7 & 9)
- D. ☐ Replacement Parts . . . The purchase is for replacement parts needed for repair of existing equipment where compatibility with equipment from the original manufacturer is paramount. (Complete Section 5, 7 & 9)
- E. ☐ Replacement Accessories . . . The purchase is for accessories sought for enhancement of existing equipment where compatibility with equipment from the original manufacturer is paramount. (Complete Section 5, 7 & 9)
- F. ☐ Technical Service . . . The purchase is for technical services associated with the assembly, installation or servicing of equipment of a highly technical or specialized nature. (Provide detail in Section 9)
- G. ☐ Continuation of Prior Work . . . Additional item, service or work required, but not known to be have been needed when the original order was placed with vendor. (Provide detail in Section 9)
- H. ☐ Exclusive Capability . . . Only one vendor qualified. No other potential vendors known. (Complete Section 8 & 9)
- I. ☐ Other . . . (Provide detail in Section 9)

7. Replacement Equipment, Parts Or Accessories – (Mark one that qualifies)

- A. ☐ The item is manufactured or produced by the supplier and the supplier solely distributes (sells) direct to the customer.
- B. ☐ The item is produced by the manufacturer, but not sold direct to the customer by the manufacturer, and the manufacturer solely distributes the item through a single supplier in the world, United States, region, Louisiana or identified market area.

Note: If item available from more than one supplier, the item can be treated as proprietary, but must be competitively solicited from multiple sources of supply.

(Attach signed letter from manufacturer or statement on price quotation if manufacturer substantiating selection for “A” or “B” above, if it applies.)

- C. ☐ Neither A or B applies.

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8. Exclusive Capability – (Mark the one that best qualifies)

- A. ☐ Requires specially trained personnel to accomplish task.
- B. ☐ Possesses widely known specialized expertise to accomplish task.
- C. ☐ Possesses unique test equipment or facilities for need or task.
- D. ☐ Responsible for integrated system performance where warranties or results will be voided if other products or vendors are introduced.
- E. ☐ Quality of equipment from other known vendor sources have been demonstrated to be inferior or documented to be unacceptable.

(Attach documentation to support any item marked under this section.)

9. Narrative Justification – (Please be very precise in your explanation)

10. I hereby declare the information provided herein to be true and accurate to the best of my knowledge. I understand any false or misleading information may be considered a violation under the LA Procurement Code and can subject me to prosecution and penalty under LA RS 39:1679.

Signature _____ Date _____

Purchasing Approval _____ Date _____