

University of Houston System Sole Source Justification

(For Noncompetitive Purchases over \$5,000)

The competitive bidding process is the foundation of government purchasing. In rare situations though, due to the unique nature of some goods and services, competition may not be possible. It is the responsibility of the Purchasing office to determine if a proprietary designation can be applied.

In order to make this determination, the Purchasing Buyer must understand the unique characteristic(s) of the good or service. This form is designed to assist faculty and staff in communicating the required information to Purchasing.

Please answer the questions below as completely as possible. Additional pages may be attached, if more space or additional documentation is needed. Requests should be typed.

GENERAL INFORMATION				
Today's Date:				
Requisition or Contract #:				
Estimated Dollar Amount:				
Requesting Department/ Business Unit:				
This item is required for use in:	Office	Classroom	Lab	Other (explain) _____
CONTACT INFORMATION (Person to contact if Purchasing has questions on this order)				
Name:				
Campus Phone/Email:				
VENDOR INFORMATION				
Vendor Name:				
Vendor Contact:				
Phone/Email:				
Vendor Type:	Service Provider	Manufacturer	Distributor	
GOODS/ SERVICES INFORMATION				
Product Make/ Model (if applicable)				
Will this item be used with existing equipment? (Mark all of the following that apply)	Yes	No		
- For the repair, maintenance or modification of existing equipment:				
- For use as spare or replacement parts:				
- As an accessory or option:				
- For reasons of interchangeability:				
- As a component to be interfaced:				

Does the item fall into any of the following categories?			
- Necessary for continuity of research:		Yes	No
- I.P., copyright or patent protected:		Yes	No
- Product standardization across campus:		Yes	No
Description of Request: Describe in detail the good or service to be procured and how it meets your needs.			
Unique Features: List the specific feature(s) or characteristic(s) that are required which are unique to the good or service.			
Special Needs: Briefly explain why the unique specifications restrict the requisition to one manufacturer or provider.			
Other Sources: Identify other sources that were evaluated and the reason they were found to be unsatisfactory for the intended use.			

I certify that the above statements are true and correct to the best of my knowledge. I also certify that neither I nor my family members will gain or receive any additional benefit because I have recommended that this acquisition be obtained solely from a designated vendor or contractor.

_____	_____	_____
Person Requesting Proprietary Purchase*	Signature	Date
_____	_____	_____
Name/ Title of College/Department/Division Head	Signature	Date
_____	_____	_____
Purchasing Department Approver	Signature	Date

*For research grants, this person must be the Principle Investigator or designee.

Endnotes

1 Texas Government Code, Title 10, Subtitle 0, Section 2155.067(c)(1-3)

2 Texas Government Code, Title 10, Subtitle 0, Section 2155.067(b)