|  |  |
| --- | --- |
| IOWA STATE UNIVERSITY  Procurement Services | **SOLE SOURCE**  **REQUEST FORM** |

**Instructions**: University policy requires that competitive bids be obtained by Procurement Services from at least three (3) qualified Suppliers, when available, for all orders or contracts totaling $50,000 or more. Any request to deviate from this policy requires written justification and evidence from the Requestor to Procurement Services ***prior to issuance of a purchase order or contract***. Please use this form to submit your sole source request.

**All sole source requests must be approved by the Director of Procurement Services, or their designee. *Complete the following and email to*** [***procurement@iastate.edu***](mailto:procurement@iastate.edu) ***or include as an attachment to a non-catalog requisition in Workday.***

|  |
| --- |
| 1. **information about requisition and sole source.** |

**Workday Requisition**# (if one has been entered): **REQ-**Click or tap here to enter text.

**Requester Name**: Click or tap here to enter text.

**Department Name**: Click or tap here to enter text. **Worktag(s)**: Click or tap here to enter text.

**Supplier Name**: Click or tap here to enter text. **Total Amount of purchase**: Click or tap here to enter text.

If you are currently working with a Procurement Agent, please provide their name: Click or tap here to enter text.

**DESCRIPTION OF PURCHASE**: The manufacturer, model number or generic description identifying the specific items or services requested, including a brief description of the intended application(s) for the equipment, supplies, services or software to meet the purpose:

Click or tap here to enter text.

|  |  |
| --- | --- |
| 1. **Reason for Sole Source. *Check all that apply: (Bolded text below signifies allowable sole sources for federal funds )*** | |
| Compatibility with existing equipment, services and/or software  Compatibility for instructional purposes | **Unique product/service available from a single source**/Only one supplier identified as uniquely qualified |
| Compatibility for research or another institution/agency | **Public emergency *(imminent threat to property/human life)*** |
| **Specifically named by Sponsor and/or Funding Agency *(requires written authorization of sponsor/funding agency)*** | **Competition is determined inadequate after solicitation of a number of sources** |

|  |
| --- |
| 1. **Supporting Documentation. *Complete all that apply:*** |

1. **MATCHING**: Provide the ISU equipment number and/or purchase order/contract being matched.

Click or tap here to enter text.

1. **COMPATIBILITY FOR RESEARCH**: Provide name of research project, name of PI and institution you are working with, and explanation of why the same system or product is needed, or if replicating specific experiment(s) to match original results.

Click or tap here to enter text.

1. **SPONSOR/FUNDING AGENCY**:  Check this box, if a written authorization by the sponsor or funding agency indicating non-competition is acceptable for this purchase. Include the written authorization with this form and email it to [procurement@iastate.edu](mailto:procurement@iastate.edu) or to the Procurement Agent you are working with, or include it as an attachment to a non-catalog requisition in Workday.

Click or tap here to enter text.

1. **UNIQUE, AVAILABLE FROM A SINGLE SOURCE**:
   1. For equipment, describe why the equipment is unique to this supplier.

Click or tap here to enter text.

* 1. For services, explain why the Supplier is uniquely qualified to provide the services.

Click or tap here to enter text.

1. **EMERGENCY**: Describe the situation that creates an emergency or exigency:

Click or tap here to enter text.

1. **COMPETITION**: Will this procurement limit the ability of other Suppliers to compete on future procurements such as supplies, upgrades, or replacements? No Yes, if yes provide an explanation:

Click or tap here to enter text.

CERTIFICATION

*Requestor certifies by signing below: I certify that neither I, nor my cohabitating partner, nor any member of my immediate family, nor a business with which I or any of these individuals, am/are associated, (i) has a financial or other interest in this Supplier or (ii) will derive a monetary gain or other tangible personal benefit as a result of the proposed contract with this Supplier and (iii) that I have prepared the above documentation and that the facts and data set forth are complete and accurate to the best of my knowledge and belief.*

**Requestor Name and Title Signature Date**

Click or tap here to enter text.

**Cory Harms, Director of Procurement Services**

*Sole Source is only valid when signed and dated by Director of Procurement, or their designee.*