

NOTES REGARDING THIS FORM	
<p>The competitive bidding process is the foundation of government purchasing. This is for noncompetitive purchases greater than \$15,000. In rare situations, due to the unique nature of some goods or services, competition may not be possible. It is the responsibility of LU Procurement &amp; Payment Services to verify competition is not required and that the purchase will result in a “best value” for LU in compliance with <i>Texas Education Code § 51.9335(b)</i>. In order to make this determination, Procurement must understand the unique characteristic(s) of the good or service.</p> <p>This form is designed to assist the requesting department, faculty, or staff in communicating the required information to Procurement. Answer the questions below as completely as possible. Additional pages may be attached if more space or additional documentation is needed. Any supporting documentation (quotes, research documentation, etc.) should be attached. Note, personal preference or price are NOT acceptable determining factors for a sole source justification.</p> <p>When complete attach this form to the requisition for final approval. If assistance is needed, contact the Procurement office at 409.880.8377.</p>	

GENERAL INFORMATION			
Today's Date:		Requisition #:	
Estimated Cost:		Estimated Term:	
<p><i>NOTE: Estimated cost includes all associated fees, renewals, etc. It is the aggregate total not just the current year cost.</i></p>			

REQUESTING DEPARTMENT INFORMATION			
Requesting Department:		Requestor Name:	
Requestor Phone:		Requestor Email:	

VENDOR INFORMATION			
Vendor L#		Vendor Name:	
Vendor Email:		Vendor Phone:	
Vendor Type:	Service Provider	Manufacturer	Distributor

REQUIRED
<p>1. Provide high level description of the goods or services to be procured:</p>
<p>2. <b>Required features:</b> Provide the unique features of the goods or services and indicate <u>why</u> they are required. Describe how the selected vendor can provide these required features:</p>
<p>3. <b>Other Sources:</b> Describe why competing goods or services from other vendors are unsatisfactory and describe any substantial risk to LU if the required goods or services were not procured from the selected vendor.</p>

*Requesting department must include any and all backup documentation, such as: research on the product/service, documented contact with vendors (names, dates, list of concerns addressed to those vendors), proof of patents, copyrights, etc. Failure to provide documentation may delay approval or result in rejection of the sole source request.*

**CONFLICT OF INTEREST AND CONFLICT OF COMMITMENT STATEMENT (to be signed by LU employee requesting the sole source exemption)**

I hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein. I am acting on my own accord and am not acting under duress. I (or immediate family members) are not currently employed by, related to an employee or official described by (1) or (2) within the second degree by affinity or consanguinity, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with this vendor in return for favorable consideration of this request. I also certify that I am not participating in the activities outside of my employment which interfere with my official duties and responsibilities.

Name of Requestor/Primary-User: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(NOTE: Government Code Chapter 572, Subchapter C, §572.069 – CERTAIN EMPLOYEMENT FOR FORMER STATE OFFICER OR EMPLOYEE RESTRICTED. A former state officer or employee of a state agency who during the period of state service or employment participated on behalf of a state agency in a procurement or contract negotiation involving a person may not accept employment from that person before the second anniversary of the date the contract is signed or the procurement is terminated or withdrawn.)*

**DEPARTMENT APPROVAL:**

In signing a letter of recommendation for a sole source purchase, the Department acknowledges they are senior to the requestor and are the authorized approver of such requests. They also acknowledge responsibility to formally address any protest(s) or audit finding(s) resulting from the sole source recommendation.

NOTE: All contracts must be reviewed by Procurement before sending the contract to the vendor for signature.

Department Approver (Dean/Chair/Business Officer): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROCUREMENT APPROVAL – TO BE COMPLETED BY PROCUREMENT**

Determination:                      Approved                      Not Approved

Justification:              Proprietary (i.e. Proprietary, original equipment manufacturer (OEM), Unique Specification)

   Best Value (i.e. Compatibility, Continuity, Best Value)

Rationale for determination/comments:

Signature (Procurement Specialist): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Assistant Director or Director): \_\_\_\_\_ Date: \_\_\_\_\_