



Sole Source Justification Form

- This form must accompany the Purchase Requisition whenever a sole source purchase is requested.
- A Disclosure Statement must be attached for the person signing this request. In addition, each person involved in recommending this sole source vendor must complete and attach a Disclosure Statement.
- Reference UC Davis Policy & Procedure Manual:
 - [Section 350-10, Procurement](#)
 - [Section 380-16, Conflict of Interest](#)

1. Vendor proposed as a Sole Source: _____

2. Please check all applicable categories below and provide additional information where indicated.

- a. The requested product is an integral repair part or accessory compatible with existing equipment.
- Existing Equipment Description: _____
- Manufacturer/Model Number: _____
- Age of the Equipment: _____ Current Value: _____
- Asset or Original PO Number: _____
- b. The requested product has unique design/performance specifications or quality requirements which are essential to my research or teaching needs and are not available in comparable products.
- c. The requested product is essential in maintaining research continuity and/or to remain in compliance with established university standards. (Check applicable category below.)
- Requested product is being used in continuing research experiments
 - I am collaborating with other investigators who have used this product and, for compatibility of research results, I must also use it
 - I have standardized the requested product and the use of another brand/model would require considerable time and funding to evaluate
- d. The requested product is one with which I and/or my staff have specialized training/extensive expertise, and retraining would incur substantial cost in time/money.
- e. The requested provider of services has unique or exclusive capabilities that no other provider has..
- f. Other factors are involved. (Provide detailed explanation below.)

3. Provide a detailed explanation for categories checked in 2a. through 2f. above. **Attach additional sheets if necessary.**

4. Was an evaluation of other equipment, products, or services completed? YES NO.
If yes, please attach the results of the evaluation.

5. List below the names of each individual who was involved in making the recommendation to sole source this purchase. **Each individual listed must complete and attach a [Disclosure Statement](#).**

*State law subjects the University of California to competitive bidding rules. Purchase Requisitions for goods and services that are to be purchased from a specific vendor or limited to a specific brand, where substitutes to the suggested vendor or brand are unacceptable, must be accompanied by a written justification explaining the circumstances that make alternatives unacceptable. **The justification must be signed by the principal investigator, department chair, or director.** The individual signing the justification must disclose in writing whether or not he/she has a potential or actual conflict of interest (see PPM Section 380-16). University employees are not to make or participate in any purchasing decision that places them in a conflict of interest between their official university duties and any other interest or obligation. University employees who have a business relationship or financial interest (including that of a near relative) in the suggested vendor, who are conducting research for the suggested vendor, or who have received or anticipate receiving gifts, honorarium, or research grants from the suggested vendor must disclose the conflict of interest.*

The UC Davis Chief Procurement Officer or his/her designee will determine whether the justification is appropriate. Sole source justifications are to be supported by factual statements that will pass an internal or Federal audit. It is the salient features of a product that make it a sole source.

5. I certify that I have read the above statement, that the information entered on this form is factual and that a signed copy of this Sole Source Justification document, and all associated disclosure statements, will be kept on file in my department.

Signature
*must be Principal Investigator, Department Chair or Director

Printed Name and Title*

Date