



University of Connecticut

Purchasing Department

The Sole Source Justification Questionnaire is to be completed for any direct purchase in excess of \$10,000.00.

The sole source justification required must include the unique features of the product/service requested:

- ✓ If the product/service is specifically named in your grant, provide a copy of the section of the grant naming the requested vendor.
- ✓ If the product must be compatible with other equipment manufactured by the same vendor, provide the University of Connecticut Property (tag) Number of the existing equipment.
- ✓ If this product/service is available from other vendors you must tell us what is unique about the product/service offered by the requested vendor as compared to the other manufacturers. Provide a list of all of the other manufacturers of similar equipment that you have evaluated and indicate the features that do not measure up to the requested product/service.

To insure the timely processing of your request, please be thorough. The larger the dollar value, the more detailed the justification needs to be.

Please complete the following form and return to the appropriate team in Purchasing, Unit 6076.

Note: In addition to the signature on the last page, please initial the final statement.

Description of features or capabilities unique to the vendor/brand being requested **as related to project requirements:**

Provide a brief description of how your investigation was conducted. (Internet, publications, consultations) List all sources identified and investigated to determine that no other source exists for similar products capable of meeting requirements. (Must be exhaustive of all sources for the commodity being purchased.**)

****If all sources are not investigated, send complete specifications with the requisition and Purchasing will issue a competitive solicitation.**

Provide a side-by-side comparison of the features/service of all other vendors/brands considered.
(List the features or capabilities require for your project and how each vendor investigated does or does not meet those requirements. A table format is recommended.)

Signature: _____
(requisitioner)

Printed Name:

Title:

Date:

I certify under the penalties of perjury that the above statements are true and precise and that I have no financial or other beneficial interest in the Vendor.

(requisitioner initials)