

**The University of North Carolina at Greensboro  
Sole Source Justification  
For Purchase of Goods and Services**

Pursuant to the policies of UNC Greensboro, the University must procure all material, equipment, supplies and services via competitive means whenever practicable. However, the University may waive the competitive process and approve sole source procurement provided the requestor can adequately justify its use. In cases where an alternate supplier for a similar product or service cannot be identified, the requestor must document that a good faith effort has been made in seeking other sources. A listing of the unique technical specifications required of the product and the companies that were contacted in the search for alternate sources is necessary. Purchasing Agents may use this information in conducting their own research. Sole source justification cannot be based on quality or price.

All sole source justifications are subject to public review; other suppliers may have the opportunity to review the justification and protest the purchase if they feel the justification is not adequate or based on valid grounds. Therefore, the justification must contain clear, in depth and accurate information in order to avoid the possibility of delaying the procurement.

**INSTRUCTIONS**

- 1) Please type or print legibly.
- 2) Complete all categories and sections that apply.
- 3) Provide full explanation, complete descriptions, and/or list all relevant reasons where space has been provided. Sole Source Justification forms lacking sufficient detail cannot be approved.
- 4) Sign and date the form at the end and forward to your Purchasing Agent for approval.

**Authority for approval:**

**STATEMENT**

I, \_\_\_\_\_ Phone \_\_\_\_\_,  
*Name of Principal Investigator, Requestor or End-User (please print)*

am aware that the UNC Greensboro policy mandates that the University procure all material, equipment, and supplies via competitive means whenever practicable. However, I am requesting sole source procurement based on the following criteria (attach additional sheets as necessary):

**Requested product/service/estimated price:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Source:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. The requested product has unique design/performance specifications which are essential to my research, protocol or other needs and are not available in comparable products. **BOTH SECTIONS A & B OF THIS CATEGORY MUST BE ANSWERED.**

A. These capabilities are: \_\_\_\_\_  
\_\_\_\_\_

B. In addition to the product requested, I have contacted other suppliers identified below and considered their products or similar capabilities. These products are not acceptable because they are lacking one or more of the technical specifications described in A above:

1. Vendor: \_\_\_\_\_  
Product Description: \_\_\_\_\_  
Vendor Contact/Phone Number: \_\_\_\_\_  
Technical Deficiency: \_\_\_\_\_
  
2. Vendor: \_\_\_\_\_  
Product Description: \_\_\_\_\_  
Vendor Contact/Phone Number: \_\_\_\_\_  
Technical Deficiency: \_\_\_\_\_

2. The requested product is an integral repair part or accessory compatible with existing equipment.

A. Describe existing equipment: \_\_\_\_\_  
Manufacturer/Model Number: \_\_\_\_\_ Age/Current Value: \_\_\_\_\_  
Estimated remaining life span: \_\_\_\_\_

B. Requested Equipment/Accessory/Part: \_\_\_\_\_  
Manufacturer/Model Number: \_\_\_\_\_  
Explain relationship between current equipment and requested equipment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The requested product or service is essential in maintaining experimental or administrative continuity. Provide a thorough explanation in "Explain in detail" section.

- \_\_\_\_\_ Requested product or service is being used in continuing experiments;
- \_\_\_\_\_ Other investigators have used this product or service in similar research and for comparability of results, I require it;
- \_\_\_\_\_ The use of another would require considerable time and money to evaluate.

Explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The requested product is one with which I (or my staff) have specialized training and/or extensive experience. Retraining would incur substantial cost in money and/or time.

Manufacturer/model of existing equipment: \_\_\_\_\_

Age/Current Value: \_\_\_\_\_

Estimated hours/per person required to re-train: \_\_\_\_\_

Number of persons requiring retraining: \_\_\_\_\_

Other factors: \_\_\_\_\_

\_\_\_\_\_

5. Other factors not addressed above which may assist in the sole source justification review process are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AUTHORIZATION

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/PI/Budgetary Authority

\_\_\_\_\_  
Date