Sole source purchases are those which are clearly and legitimately limited to a single source of supply and involve special facilities, services, or market conditions (per RCW 43.19.1906). Sole source purchases are normally not allowed except when based upon strong technological grounds such as operational compatibility with existing equipment, reliance on an existing stock of parts or service agreements, or reliance upon a clearly unique and cost effective feature or functionality. The use of sole source purchases shall be limited only to those specific instances, which are totally justified to satisfy compatibility or technical performance needs. Source limitations within geographical areas do not constitute a sole source situation.

The Purchasing Buyer determines if the department has a justifiable sole source request for all purchases over $3,500.

**HOW A SOLE SOURCE PURCHASE REQUEST IS PROCESSED (over $3,500)**

After the requesting Department enters a Requisition into Banner….

1) Record Banner Requisition # on sole source documentation.
2) Department is to submit sole source form and any information from vendor showing that they are the only provider of item to Purchasing, 218 TAW. Any pertinent information from vendor must be attached for Purchasing Department review.
3) Requisition is assigned to a buyer.
4) Requisition becomes a purchase order and is legally signed by the buyer.
5) Purchase order is sent to the vendor via mail or by fax.

Please complete the following worksheet to record the information to justify your sole source purchase request and send to Purchasing Department, Tawanka 218. The Purchasing Department will work with the requestor when reviewing the submitted sole source documentation.

For more information, visit our website: [http://www.ewu.edu/purchasing](http://www.ewu.edu/purchasing) or contact the Purchasing mainline at: 509-359-2253

7/16/2009
SOLE SOURCE APPROVAL REQUEST

Purchase Requisition #: ___________________________ Date: ___________________________

Requestor Name: ___________________________________________ Phone: ___________

Department: ____________________________________________

Sole Source Request for the Purchase Of:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

REQUESTED SUPPLIER: ____________________________________________

COST ESTIMATE: ____________________________________________

SOLE SOURCE

A purchase may be made when there is only one vendor who possesses the unique and singularly available capability to meet the requirement of the solicitation.

(Please check all that apply)

☐ Sole provider of a licensed or patented good or service
☐ Matches existing/compatible with my existing equipment:
   Previous PO# __________________________
   ☐ As a replacement or repair part
   ☐ As a component to be interfaced with the existing equipment
   ☐ As an accessory or option:
      ☐ To match existing equipment -OR-
      ☐ For interchangeability
☐ Sole provider of goods and services for which the University has established a standard (Procurements of items for which the University has established a standard by designating a brand or manufacturer or by pre-approving via testing shall be competitively bid if there is more than one vendor of the item)
☐ Sole provider of factory-authorized warranty service
☐ Maintenance is from the original equipment manufacture
☐ Sole provider of goods or services that will meet the specialized needs of the University or perform the intended function (please detail below or in an attachment)
☐ The vendor/distributor is a holder of a used item that would represent good value and is advantageous to the University (please attach information on cost of new vs. used price, appraisal of value, availability, etc.)
What necessary features does this vendor provide which are not available from other vendors?
______________________________________________________________________________________
______________________________________________________________________________________

Please list phone numbers and names of other vendors or brand/manufacturers that were contacted and why these were not suitable.
______________________________________________________________________________________
______________________________________________________________________________________

Can your requirement be modified so that competitive products can be used?
______________________________________________________________________________________
______________________________________________________________________________________

Additional Comments:
______________________________________________________________________________________
______________________________________________________________________________________

STATEMENT OF NEED:
My department’s recommendation for sole source is based upon an objective review of the product/service required and is in the best interest of the University. I know of no conflict of interest on my or any other individual’s part, nor do I have any personal involvement in any way with the supplier(s) involved. No gratuities, favors or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers to exist.

________________________________________/______________________________
Signature of Requestor                                             Date

________________________________________/______________________________
Purchasing Department Approval Signature                             Date