Alachua County Public Schools

Purchasing Department

Sole Source Justification Form

(Grant-Funded Purchases over $10,000)

***Purchases exceeding $50,000 must be advertised for 7 days and require Board consent**

Please complete ALL sections to substantiate and justify a Sole Source purchase and submit this form with your requisition to the Purchasing Department.

Requisition Number:_____ Estimated Purchase Amount: $_____

1. **Please describe the item/service and its function:**

2. **Sole Source Letter from Vendor: Please check the block that best describes your reason for requesting a sole source purchase and furnish a vendor sole source (copyright, creator, sole distributor) letter.**
   - ☐ Sole source request is for the original manufacturer or provider; there are no regional distributors.
   - ☐ Sole source request is for the only greater North Florida area distributor of the original manufacturer or provider.
   - ☐ This is the sole provider of a licensed or copyrighted or patented good or service.

3. **Purchase Justification: Explain why the product or service requested is the only product or service that can satisfy your requirements and why alternatives are unacceptable. Be specific with regard to specifications, features, characteristics, requirements, capabilities and compatibility. Attach additional pages if necessary.**

4. **Price Reasonableness Determination: How does the District know that the price is fair and reasonable?**
   - **a) Is it the same price for all Florida Districts;**
   - **b) Is the fee based on volume breaks; or**
   - **c) Does the vendor agree to abide by the Most Favored Customer Clause, which is included on the Purchase Order? Please provide the determination.**

5. **In lieu of a Sole Source procurement, we may piggyback an existing public agency contract held by the vendor. Do they have such a contract?**
   - ☐ Yes. Agency Name and Contract No._____ ☐ No

I hereby request that a Sole Source be approved for the procurement of the above stated good, software or service.

_____	_____	
Print Name of Requestor	*Department / Grant Program*	
_____	_____	_____
Signature	*Date*	*Phone*
_____	_____	_____
Print Name of Department Director	*Signature of Department Director*	*Date*