

**Sole Source Justification Form
Part I**

Requesting Agency/University:
Name of Requestor:
Project Title:
Vendor:
Value of Initial Term, or if a Renewal, Value of this Renewal: \$

Date: Bulletin or Reference Number:
Department/Bureau/Section:

Value is: Actual Estimated

Term

- One-Time Purchase
 Term Contract

Proposed Sole Source Contract Begin Date:

Proposed Sole Source Contract End Date:

Renewals

of Potential/Remaining Renewals: Length of Each Renewal in Months: Total Value of All/Remaining Renewals: \$

- This is a: New Sole Source Change Order or Amendment to an Existing Sole Source
 New Sole Economically Feasible Source Extension or Continuation of Vendor Responsibilities to an Existing Contract
 Pre-Negotiated Sole Source Renewal

Professional and Artistic? Yes No Sole Source may not be used for amendments for Professional or Artistic Services if the amendment would increase the value by more than 5% of the initial award or extend the term by more than 60 days.

Provide a description of the supplies or services required:

Funding

Select the type of funding to be used:

- Federal Funds State Appropriated Funds State Grant Funds Other (Explain):

This purchase is economically only available from a single source because it is:

- Art or Entertainment Services or Athletic Events
- Compatibility of Equipment, Accessories, Replacement Parts or Service
- Critical Changes to the Existing Contract Are Necessary and Best Accomplished by the Contract Holder
- Federal/State Grant Requires Contract with Vendor
- Item is Copyrighted or Patented and the Item is Only Available From the Holder – Copyright or Patent Number(s):
- Item is to be Procured for Commercial Resale
- Items Are Needed for Trial Use or Testing
- Media for Advertising
- Necessary Adjustment of Utility Facilities in Conjunction with Highway Construction
- Organization Memberships (Dues, Fees, Conference Charges Including Mandated Travel and Related Expenses)
- Public Utility Regulated Services
- Radio and Television Broadcast Rights
- Railroad Crossings/Facilities Alterations – Proprietary
- Software License/Upgrade/Maintenance
- Other (Explain):

Has the Agency or University purchased these supplies/services in the past? Yes No

If yes, STARTING WITH THE MOST RECENT CONTRACT AND WORKING BACKWARD, for the entire relationship with this vendor for this supply or service, list each term, value, short description and type of procurement of each:

Term:	Term From:	Term To:	Value	Description:	Type:
One			\$		Select One
Two			\$		Select One
Three			\$		Select One
Four			\$		Select One
Five			\$		Select One
Six			\$		Select One
Seven			\$		Select One
Eight			\$		Select One
Nine			\$		Select One
Ten			\$		Select One

If more than 10 years, explain:

Business Rationale

1. Provide a detailed explanation of the need for the supplies or services:
2. Why are the requested supplies or services the only one that can satisfy your requirements?
3. What are the unique features of the supplies or services that are not available in any other product or by any other vendor? Provide specific, quantifiable factors/qualifications:
4. If services, what are the unique qualifications this vendor possesses? Provide specific, measurable factors/qualifications:
5. Were alternative supplies or services evaluated? Yes No
 - 5a. If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility:
 - 5b. If no, why were alternatives not evaluated?
6. What efforts were made to get the best possible price?
7. Will this purchase obligate the State to this vendor for future purchases such as maintenance, licensing or continuing need? Yes No
 - 7a. If yes, please provide details regarding future obligations and/or needs:
8. Why is the price for this purchase considered to be fair and reasonable?
9. If this is a renewal, describe why circumstances are such that competitive selection is still not an alternative since awarding the original contract:
10. What will be the financial or other impact to the State if this sole source is not approved and a competitive bid is required?

Agency Representative Signature Required

I know and understand the contents of this Sole Source Justification and attest that all statements are true and correct.

Agency Representative Signature

Printed Name

Date

Agency Representative Telephone Number

Agency Representative Email Address

SPO Approval and Signature Required

SPO Signature

Printed Name

Date

SPO Telephone Number

SPO Email Address

Sole Source Justification Form Part II
(To be posted after Sole Source Hearing and Hearing Panel Determination)

Requesting Agency/University:
Description of Supplies or Services:
Procurement Bulletin Notice Number:

Proposed Contract Number:
Initial Date of Procurement Bulletin Posting:

Sole Source Hearing Details

Hearing Date:
Hearing Location:

Hearing Time: a.m. p.m.

The Sole Source Hearing Panel or Officers consisted of the following individuals:

The State posted to the Illinois Procurement Bulletin a description of the State's need, the justification for the sole source decision, and information regarding the opportunity to submit comments and testify at a public hearing. Notice of the hearing was also posted outside the hearing room 48 hours prior to the hearing.

The public hearing was conducted for the purpose of receiving testimony regarding the sole source determination. The hearing panel recommends the following:

The following relevant documents are attached:

- Written comments submitted prior to, at or after the Sole Source Hearing
- Decision Memo or Written Recommendation of the Hearing Panel
- Hearing Minutes (if minutes were recorded)

The following documents and/or testimony were presented at the public hearing and are attached:

Hearing Panel Representative or Officer Signature

Printed Name

Date

Hearing Panel Representative or Officer Telephone

Hearing Panel Representative or Officer Email Address

CPO Approval and Signature Required

- Based on my review, I concur with the recommendation of the Hearing Panel, and authorize the Agency/University to proceed in accordance with the published Notice referenced above.
- I do not concur for the following reasons:

CPO Signature

Printed Name

Date

CPO Telephone Number

CPO Email Address