BISHOP STATE COMMUNITY COLLEGE

REQUEST FOR SOLE SOURCE JUSTIFICATION

NOTE: Both the vendor and the product(s) must be deemed unique.

Requestor: _____ Date: _____

Institution: _____ Phone Number: _____

Campus Address: _____ Fax Number: _____

Preferred Vendor: _____ Amount: _____

I am aware that Section 41-16-50 of the Code of Alabama mandates that the Alabama Community College System procures all material, equipment, services, and supplies totaling $50,000.00 or more annually via competitive bid. However, I am requesting sole/single source approval based on the following criteria. (Attach additional sheets as necessary)

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

A. Existing equipment: _____
Manufacturer: _____
Model/Serial Number: _____
Age/Current Value: _____
Estimated Remaining Life Span: _____

B. Requested equipment/accessory/part: _____
Manufacturer/Model Number: _____
Dollar Value: _____
Explain relationship between current equipment and requested equipment
_____
_____
_____

II. The requested product has unique design/performances specifications which are essential to the institutions needs and are not available in comparable products.

A. These capabilities are:
_____
_____
_____

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

Explain in detail:
_____
_____
_____

BISHOP STATE COMMUNITY COLLEGE

1. Vendor: _____
   Vendor Contact/Phone #: _____
   Product Description: _____
   Technical Deficiencies: _____

2. Vendor: _____
   Vendor Contact/Phone #: _____
   Product Description: _____
   Technical Deficiencies: _____

3. Vendor: _____
   Vendor Contact/Phone #: _____
   Product Description: _____
   Technical Deficiencies: _____

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

_____
_____
_____
_____

NO SOLE SOURCE WILL BE APPROVED WITHOUT THE BELOW SIGNATURES

I certify that the above information is true and correct and that I have no financial or other beneficial interest in the vendor.

Name of Requestor *(print)*	**Date**	**Signature**
Purchasing Agent *(print)*	**Date**	**Signature**
Dean of Finance *(print)*	**Date**	**Signature**

☐ Sole/Single Source justification is adequate and purchase is authorized without competitive solicitation.

☐ Sole/Single Source justification is inadequate and purchase **is not** authorized without competitive solicitation.

President *(print)*	**Date**	**Signature**

Revised 05.12.26