Pursuant to the policies of the University of Maine System, 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 market search. 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 Campus Purchasing Authority for approval.

**Authority for approval:**

**STATEMENT**

I, _______________________________________________________ Phone ________________,
Name of Principal Investigator, Requestor or End-User (please print)

am aware that the University of Maine System 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.
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

________________________________________  __________________________
Department Head  Date

________________________________________  __________________________
Campus Purchasing Authority  Date

________________________________________  __________________________
Campus Chief Financial Officer (if over $50,000)  Date

________________________________________  __________________________
UMS Procurement Officer  Date