



ALABAMA COMMUNITY COLLEGE SYSTEM

Request for Sole Source Justification:

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 Act 2021-296 authorized the State to authorize the Chief Procurement Officer or Board of Trustees to promulgate a procurement policy. The procurement of all material, equipment, services, and supplies totaling more than the ACCS Board of Trustee approved threshold must be purchased via competitive bid, unless there is an exception met for sole source purchasing. Decisions on whether a sole/single source purchase is justified under the above referenced procedure will be made by the chief financial officer of the institution contemplating the sole/single source purchase. 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/performance specifications which are essential to the institution's 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:

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.

Full Name of Principal Investigator
(Print or Type) Date: _____ Signature _____

Division Director
(Print or Type) Date: _____ Signature _____

Chief Financial Officer
(Print or Type) 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 Date: _____ Signature _____