



For State requests \$50,000 and over please contact the Buyer as additional information will be needed.

If available, Requisition or Contract #:

Supplier:

TYPE OF PROCUREMENT: *(Select one)*

- ☐ **Sole Source:** Only one supplier is capable of supplying the required commodity or service, BSU engages one supplier based on below written justification.
- ☐ **Single Source:** Although two or more suppliers can provide the required commodity or service, BSU selects one supplier over another based on below written justification.

JUSTIFICATION: *(Select one)*

- ☐ **Only known supplier.** (List the suppliers who were contacted below and the specific reasons why each was not a viable source).
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- ☐ **Only known qualified supplier.** (List the qualifications that each source or items meet. If another supplier offers a similar item, provide the item identification, supplier information and comparable pricing).
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- ☐ **Supplier is proprietary or unique.** (The selected supplier is the only provider of this item or service. List the reasons why no substitute item can be used and if no similar item is available).
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- ☐ **Continuation of an ongoing service or addition to a critical system already procured from that supplier.** (List the reasons why it would not be cost effective and/or schedule effective and/or technical risk mitigation prudent to procure with another supplier for this procurement).
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- ☐ **(RF Only) Written pre-approval from the awarding agency.** (Award document must be included, with an indication as to where written approval can be found in the document).
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DESCRIPTION & REASONABLENESS OF PRICE:

(Provide written explanation, technical reasoning and/or evidence of the claim. Attach additional pages if necessary)

I certify that statements checked, and information provided above, are complete and correct to the best of my knowledge. I understand that the processing of this single/sole source justification precludes the use of full and open competition.

DEPARTMENT SIGNATORY

SIGN: _____ DATE: _____

PRINTED NAME: _____