

## **Sole Source Justification**

Complete this form for purchases of goods and/or services (including PSC and Construction) exceeding the competitive threshold when a sole source is identified. Furnish all necessary details below and verify all information to ensure accuracy. Attach form and all remaining supporting documentation to a requisition as outlined in the <u>Sole Source Procurements Procedure</u> for review and approval. Sole Source Justifications become a permanent record of the purchase audit file.

# **Supplier Information**

Supplier Name	
Supplier ID Number	
Supplier Contact Name	
Supplier Contact Phone Number	
Supplier Contact Email Address	
Supplier Web Site Address (if available)	

# **Product/Service Information**

Identify item(s) or service(s) to be approved as sole	e source:
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State relevance of purchase to your mission, purpose, research or study:

Specify Manufacturer/Service Provider Name:

Will the Supplier come onsite to install goods/perform services?  $\Box$  Yes  $\Box$  No

# Sole Source Type

Select the applicable sole source type and complete the required fields. If additional information is needed, add as an attachment to this form.

### □ Patented Technology

Supplier must provide US or Foreign Patent number and supporting information

Patent Number(s)

A. Explain how patent is related to research being conducted.

B. Explain how research and patented technology are related.



#### Continuity of Research

Department must provide a thorough justification to explain needs and why the competitive process cannot be followed.

Describe the specific good/service needed due to prior/ongoing research.

#### Compatibility with Existing Goods/Services

Supplier must confirm only their items (no other similar items from another supplier) will provide for compatibility with existing LSU property.

Describe how the specific good/service is compatible with existing good/service.

### Grant/State Requirement

Department must provide grant/state document indicating the item or services must be purchased from sole source supplier. <u>Note:</u> <u>Budgetary Justifications/Quotes in grant proposal are not sufficient items to indicate granting agency approval. If Federal Funds, grant</u> <u>documents</u> <u>must</u> clearly state goods and/or services will be noncompetitively purchased from a specified supplier.</u>

□ Federal Grant □ State Grant Specify Grant Number:

### Specify LSU Property Information

Required if Continuity of Research or Compatibility with Existing Goods/Services types selected.

LSU property tag information (if applicable)	
LSU Location - Building Name	
LSU Location - Room Number	

### **Conflict of Interest Attestation**

As the Requester (the responsible individual requesting this purchase; for grants, this would be the PI/Co-PI documented designee) of this potential purchase, I declare the need for this supplier and attest that:

□ I **do not** (nor does a member of my immediate family or partner):

- have a family relationship or business affiliation with the proposed supplier; or
- have a financial or other interest, or tangible personal benefit from, the proposed procurement transaction.

□ I <u>do</u> (or a member of my immediate family or partner does):

- have a family relationship or business affiliation with the proposed supplier; or
- have a financial or other interest, or tangible personal benefit from, the proposed procurement transaction.

By signing below, I hereby declare the information provided herein to be true and accurate to the best of my knowledge. I understand any false or misleading information may be considered a violation and can subject me to prosecution and penalty under Louisiana Revised Statutes.

Requesting Department	
Requester Name (Type or Print)	
Requester Title	
Requester Phone Number	
Requester Email Address	
Requester Signature	

Note: Department authority's review and concurrence with this justification, and declaration attested to above, is served by approving the requisition.