

SOLE SOURCE JUSTIFICATION

In 1989, and amended in 1992, the Rensselaer County Legislature passed Local Law No. 2, the County Ethics Law. Hudson Valley Community College is required to adhere to the County Ethics Law.

Public officials of Rensselaer County, and the spouse, child, stepchild, brother, sister, parent, and/or dependent of a public official or employee of Rensselaer County are prohibited from any business dealings with Hudson Valley Community College to include buying, selling, renting, leasing, or otherwise acquiring from or dispensing to Hudson Valley Community College, any goods, services or property.

PURPOSE:

This form, with one or more categories completed, must accompany purchase requisitions for the sole source procurement of equipment or supplies exceeding \$1000. (Sole source justification not required for contract purchases). The purpose of sole source justification is to show that competitive bidding is impractical because only one product can meet a specific need. Therefore, an equitable evaluation of comparable products must be made and documented by the requestor which shows that rejection of other products is based solely on their failure to meet that need. In cases where no other comparable source can be identified, a technical description of the product requested and a listing of those companies which were considered as alternate sources must be provided. Sole source justification cannot be based on quality or price. Quality can be a subjective evaluation based upon opinion. Municipal (public) procurement law requires price considerations be evaluated via competitive quoting or bidding.

INSTRUCTIONS:

1. Please type or print legibly in ink.
2. Complete all categories and sections that apply.
3. Provide full explanation, complete descriptions, and/or list of all relevant reasons where space has been provided. Sole Source Justification Forms lacking sufficient detail cannot be approved.
4. Sign (in ink) and date the form in the space provided for "signature."
5. Improperly completed, photocopies, and/or unsigned forms will be returned to the sender.

**TO: OFFICE OF BUSINESS SERVICES
& PROCUREMENT**

DATE: _____

FROM: _____

DEPT: _____

Names of Requisitioners and Department Head

SUBJECT: SOLE SOURCE JUSTIFICATION

Purchase Requisition #: _____ (Attached)

Proposed Vendor: _____

Product Description: _____

STATEMENT

I am aware that New York State Municipal Law mandates that the procurement of material, equipment, and supplies be via competitive bidding whenever the amount is over \$1000.00. However, I am requesting sole source procurement based on the following criteria: (Attach additional sheets as necessary).

1. The requested product is an integral repair part or accessory compatible with existing equipment. (Please state the manufacturer and model number of existing equipment).

2. The requested product has special design/performance features which are essential to my needs.
BOTH A AND B PORTIONS OF THIS CATEGORY MUST BE COMPLETED.

A. These features are:

B. In addition to the product requested, I have contacted other suppliers and considered their product of similar capabilities. I find their product unacceptable for the following reasons: (Identify companies contacted, individuals contacted, model number and specific technical deficiency).

3. The requested product is essential in maintaining instructional or administrative continuity.

_____ Requested product is being used in continuing instructional experiments and require it for comparability of results.

_____ I have standardized the requested product; the use of another would require considerable time and money to evaluate.

Explain: _____

4. The requested product is one which I (or my staff) have specialized training and/or extensive experience. Retraining would incur substantial cost in money and/or time.

Explain: _____

5. Please consider sole source approval for this reason(s) (e.g. trade-in allowance; availability of service, parts and maintenance; product is prototype; etc.):

AUTHORIZATION:

Full Name and Title of Requisitioner: _____
Typed or printed in ink

Signature: _____ Date: _____

Full Name of Department Head and Title: _____
Typed or printed in ink

Signature: _____