

**SHSU REQUIREMENTS AND ACCOUNTABILITY IN RECOMMENDING  
A SOLE SOURCE PRODUCT OR SERVICE**

The competitive bidding process is the foundation of government purchasing. In rare situations, due to the unique nature of some goods and services, competition may not be possible. It is the responsibility of SHSU Procurement and Business Services to verify that competition is not required and that the purchase will result in “best value” for SHSU in compliance with Texas Education Code §51.9335(b). In order to make this determination, Procurement must understand the unique characteristic(s) of the good or service.

This form is designed to assist the requesting department, faculty, or staff in communicating the required information to Procurement. Please answer the questions below as completely as possible. Additional pages may be attached if more space or additional documentation is needed. Any supporting documentation (quotes, research documentation, etc.) should be attached. Personal preference and price are not acceptable as determining factors for a sole source justification.

GENERAL INFORMATION			
<b>Requesting Department:</b>		<b>Vendor Name:</b>	
<b>Requestor Name:</b>		<b>Vendor Contact:</b>	
<b>Today's Date:</b>		<b>Vendor Email:</b>	
<b>Estimated Cost:</b>		<b>Vendor Phone:</b>	

1. Provide high level description of the goods or services to be procured:

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2. **Required Features:** Provide the unique features of the goods or services and indicate why they are required. Describe how the selected vendor can provide these required features:

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3. **Other Sources:** Describe why competing goods or services from other vendors are unsatisfactory and describe any substantial risks to SHSU if the required goods or services are not procured from the selected vendor:

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Requesting Department must include any and all backup documentation, such as: research on the product/service, documented contact with vendors (name, dates, list of concerns addressed to those vendor(s), proof of patents, copyrights, etc. Failure to provide documentation may delay approval or result in rejection of the sole source request.

**Conflict of Interest and Conflict of Commitment Statement to be signed by SHSU faculty or staff requesting the sole source exemption:**

I hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein. I am acting on my own accord and am not acting under duress. I am not currently employed by, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with this vendor in return for favorable consideration of this request. I also certify that I am not participating in activities outside of my employment which interfere with my official duties and responsibilities.

Name: \_\_\_\_\_  
(Print Name of Requestor / Primary User)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Note: Government Code Chapter 572, Subchapter C, Sec. 572.069 – CERTAIN EMPLOYMENT FOR FORMER STATE OFFICER OR EMPLOYEE RESTRICTED. A former state officer or employee of a state agency who during the period of state service or employment participated on behalf of a state agency in a procurement or contract negotiation involving a person may not accept employment from that person before the second anniversary of the date the contract is signed or the procurement is terminated or withdrawn.)*

**DEPARTMENT APPROVAL:**

In signing a letter of recommendation for a sole source purchase, the Department Chair acknowledges their responsibility to formally address any protest/s or audit finding/s resulting from the sole source recommendation.

NOTE: All contracts must be reviewed by Procurement before sending the contract to the vendor for signature.

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Department    Signature of Department Chair or Grants    \_\_\_\_\_  
Date

**PROCUREMENT APPROVAL – TO BE COMPLETED BY PROCUREMENT:**

Determination: \_\_\_\_\_ Approved                          \_\_\_\_\_ Not Approved

Justification:

\_\_\_\_\_ Proprietary (i.e. Proprietary, OEM, Unique Specification, Direct Publication)

\_\_\_\_\_ Best Value (i.e. Compatibility, Continuity, Best Value)

Rationale for determination/comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Executive Director/Assistant Director Procurement)