



If the intended purchase cannot be competitively solicited, please complete this form in its entirety and send the completed, signed form to the appropriate Purchasing Department staff member.

Requisition No.: _____ Requestor: _____

Date: _____ Vendor Name: _____

Vendor Contact: _____

Vendor eMail: _____

Vendor Phone: _____ Estimated Value: _____

TYPE OF REQUEST:

Select one:

- Sole Source: Item or service is available from only one vendor (i.e. an item or service which is one-of-a-kind or is not sold or provided by another vendor).
- Sole Brand: While multiple vendors can supply the specified model & brand, no substitutions for the specified brand are to be considered (i.e. brand specific).

WHAT IS THE INTENT OF THE PURCHASE?

Give a brief explanation of why the purchase is needed and who it is being purchased for (i.e. who will use it).

WHAT IS BEING PURCHASED?

Give a brief, non-technical description of the proposed item or service. Include the make, model and specific features or functions this item performs or the unique nature of the service and how it is delivered. *Attach additional sheet(s) if necessary.*

Specifically identify the unique features, qualifications or requirements the proposed item or service has that are not available in any other item or service. Indicate why these unique features are required.

Will this purchase obligate MCC to future purchases (maintenance, licensing, etc.)? Yes No

WHY WAS THIS VENDOR CHOSEN?

- Item or service is proprietary to the vendor (trademark, patent, copyright, license, trade secret, etc.)
- Unique features, qualifications, or requirements which are not available in any other item or brand
(features/qualifications/requirements must be defined above when this option is selected)

WHY WAS THIS VENDOR CHOSEN? *Continued*

- Substantial technical risk in contracting with any other contractor
- Other options are cost prohibitive (*provide additional explanation*)

- Item is needed...
 - ...to be compatible with _____
 - ...as a spare, replacement, repair or modification of existing hardware for _____
 - ...for technical evaluation or testing
- Other (*provide additional explanation*)

WERE OTHER SOURCES OR BRANDS EVALUATED?
 Yes No

Provide information on other vendors that were contacted; include brand name, make, model, and vendor name. For each vendor, explain why they cannot provide the requested item or service. If no other vendors were considered, explain why.

I am aware of MCC's Purchasing Policy and established criteria for competitive purchasing. I have gathered the required technical information and have made a concerted effort to review comparable/equal equipment or services. This effort is documented in this request form. I hereby certify as to the validity and accuracy of this information and am confident this request for sole source/sole brand procurement meets the criteria provided by MCC.

 Requestor

 Date

 Cost Center Manager

 Date

Please attach a copy of the quotation from the sole source provider, along with any other documentation or research that has been completed for this request.

For Purchasing Use Only

- | | | | |
|--|------------------------------|-----------------------------|--------------------|
| Compatibility or standardization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Valid until: _____ |
| Is the requested vendor the manufacturer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the manufacturer sell through distributors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials: _____ |
| Is the requested vendor a service provider? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Purchasing Approval | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
- PO or BPO Number Issued: _____

 Purchasing Manager

 Date