SOLE-SOURCE OR PROPRIETARY PURCHASE JUSTIFICATION

Questionnaire

This questionnaire has been designed to assist faculty and staff in relating information required in the processing of requisitions for sole-source/proprietary purchases in accordance with Section 2155.067 of the Government Code (Chapter 2155). Please complete and forward to the Purchasing Department. If more space is needed, please attach additional page(s).

1. Explanation of Need: Identify and explain the need for the unique feature(s) or characteristic(s), applications and circumstances that apply to the specified good or service. (NOTE: Please be advised that the explanation of need “MUST” address the critical importance of the unique feature(s) or characteristic(s) as it applies to its intended use in your operation).

_________________________________________________________________________

_________________________________________________________________________

2. Reason Why Competing Products are not Satisfactory: Provide a brief statement in reference to the identification of other sources that have been reviewed (Include the name, model number and manufacturer of the unacceptable product(s) that have been investigated) and state the reason why competing product(s) are not satisfactory and will not meet the needs for its intended use in your operation.

_________________________________________________________________________

_________________________________________________________________________

3. Specific Impact on Department: Provide a statement regarding the specific impact on the Department if the goods or services were procured elsewhere.

_________________________________________________________________________

_________________________________________________________________________

I certify that the above statements are true and correct and that no other material fact or consideration offered of given has influenced this recommendation for a sole source or proprietary procurement.

Submitted By: ______________________
Printed/Typed Name & Title ______________________
Department ______________________
Extension ______________________

Authorized Signature ______________________ Date ______________________

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