



RANKIN COUNTY SCHOOL DISTRICT

SINGLE SOURCE REQUEST

This form shall be submitted to the Purchasing Department before Single Source items are placed on the agenda for presentation to the School Board for approval. Purchase of the item(s) shall not be made until the School Board has approved the single source item(s).

Department: _____ Date of Request: _____

Vendor Name: _____

Vendor Contact Person and Phone Number: _____

1. How will these items be used to benefit the district? _____

2. Is this purchase compatible with existing equipment? ☐ YES ☐ NO ☐ DOES NOT APPLY

3. Do other companies make similar products that are acceptable? ☐ YES ☐ NO If "YES" what can this product do that other products cannot? _____

4. Is there a copyright or patent on this product? ☐ YES ☐ NO ☐ DOES NOT APPLY

5. Is the manufacturer the only distributor? ☐ YES ☐ NO ☐ DOES NOT APPLY

6. Does the manufacturer only sell to specific distributors instead of direct sales?

☐ YES ☐ NO ☐ DOES NOT APPLY

7. What research has been done to confirm that the items requested are of a single source, non-competitive, non-comparative nature, as defined by Mississippi Code of 1972 Annotated 31-7-13? _____

Single Source Vendor Letter Attached? ☐ YES ☐ NO (MUST ATTACH VENDOR LETTER)

This is to certify that this purchase covers an item(s) which is available from one source only and neither comparative nor competitive quotes can be obtained.

Signature of Requesting Party: _____ Date: _____

Signature of Asst. Superintendent: _____ Date: _____