

SOLE SOURCE JUSTIFICATION FORM

Must be completed for all non-competitive purchases* costing \$5,000.00 or more

VENDOR: _____ DATE: _____

SCHOOL/DEPARTMENT: _____

REQUESTER: _____

P. O. NUMBER: _____

Describe the item(s) and its function: _____

SECTION I: Check the appropriate box below and provide documentation (or complete Section II, as required)

- Proprietary: Item under patent, license, copyright, or proprietary design. (attach documentation)
- Replacement Parts: The procurement is for replacement parts or components in support of equipment designed by the manufacturer; items that are compatible with existing equipment, inventory, systems, programs or services and not available from any other source.
- Warranty Services: Sole provider of factory-authorized warranty service. Use of alternate service provider will void existing warranty. (attach documentation)
- Used Equipment: The vendor is a holder of a used item that would represent good value and is advantageous to Onslow County Schools (attach information showing market price survey, availability, etc.)
- Emergency Requirement: Requirements must be met at once. An explanation of urgency, including a description of why procurement is critical and why only the proposed vendor can meet it. A lack of advance planning is not acceptable (Complete Section II.)
- Exclusive Capability: Only one supplier qualified. No other potential suppliers known. (Complete Section II.)

