

PURCHASING STANDARD OPERATING PROCEDURES (EXTERNAL)		NO: PX-150
Title: Sole Source Procurement		Approved:
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1. **PURPOSE**

To establish the procedures under which a sole source requisition may be submitted. This is applicable when a single item is \$1,000 or greater or a requisition line is \$2,500 or greater.

2. **SCOPE**

This procedure applies to the requisitioning of goods and services by the schools & departments for which only one source exists. Authority for exceptions from competitive bidding for goods and services available from only one source is granted by FNSBSD School Board Policy 440.14.

3. **GENERAL**

Sole source purchase requisitions will be processed if one or more of the following criteria are met:

- a. A specific brand or model is required to ensure compatibility with existing equipment or to maximize a previous investment in training, repair parts inventory, or test equipment. The item must be purchased directly from the manufacturer or the manufacturer's designated distributor for this geographical area. The compatibility requirements must be real and not based on cosmetic factors.
- b. A specific brand and model is the only item on the market that will satisfy a specific function and the specific brand/model is only available from the manufacturer or his designated distributor.
- c. The goods or services meets one of the requirements of FNSBSD School Board Policy 440.14, 1 through 8.

4. **PROCEDURE**

The procedure for submitting a sole source requisition is as follows:

- a. A purchase requisition for a sole source purchase must include a Sole Source

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Purchase Request form (Enclosure 1) providing complete justification. If additional space is needed to provide justification, attach an additional sheet.

- b. Requisitions submitted under the criteria of paragraph 3a above will include information that details the compatibility requirement and the manufacturer's distribution net.
- c. Goods or services requisitioned under criteria 3 b above will include market research data and the specific curriculum or program the goods or services support.
- d. Contact the Purchasing Department for assistance with locating sources for the goods or services.

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**FNSBSD "BRAND ONLY" CERTIFICATION FORM
NEED FOR RESTRICTIVE SPECIFICATIONS & LIMITED COMPETITION**

To be completed, signed/certified, and attached to the PO Requisition.
Reference: [Quotes & Competition - Process & Information](#)

FNSBSD Department/School: _____ PO Requisition # _____

FMD Work Order # (if applicable): _____

1. GOODS: For items exceeding competition thresholds (\$1,000/unit price, \$2,500/extended price per line item).

Est. price per line item: Qty: _____ Unit Price: \$ _____ Extended price: \$ _____

Manufacturer (Brand) & Model #: _____

Item Description/Specifications: _____

Only known source/vendor(s): _____

Select **all that apply**; justification for deviation from standard sourcing parameters:

- Compatibility with existing parts or equipment; replacement parts, or no substitute is acceptable.
- Direct support of sponsored (grant funded) project; as specified in grant narrative.
- Impractical; time constraints do not allow for competitive sourcing.
- Purchase of products with school logos from vendors who supplied items in the past.
- Purchases of items with a low unit price and multiple line items.

And/or

2. SERVICES: For services exceeding \$20,000.00 competition threshold.

Est, price, including all costs/expenses: \$ _____

Service Description: _____

Only known service provider/vendor(s): _____

Select **all that apply**; justification for deviation from standard sourcing parameters:

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Impractical and unanticipated; time constrains do not allow for competitive sourcing.

Requires specialized professional or consultant services (i.e. legal, medical, or educational services).

End-User Certification: The signing Principal, Department Head or delegated Technician certifies that only the item(s) or service(s) specified in this purchase request will satisfy an unusual and compelling urgency and provide a reasonable level of assurance of compatibility with existing equipment or of compliance with manufacturer's warranty. Attach additional information as necessary.

Signature: _____ Date: _____

Name and Title: _____

Phone: _____

Purchasing Dept. Written Determination:

Reasonable requirements, market conditions, circumstances, and sourcing options verified by: _____