

**HSD SINGLE/SOLE SOURCE JUSTIFICATION FORM**

**Instructions:** Complete this form for all single/sole source purchases for amounts \$3,500 and over.  
Maintain documentation for files.

**Request for Purchase Number:**

Commodity/Service being purchased: \_\_\_\_\_

Proposed Supplier: \_\_\_\_\_

Requested by: \_\_\_\_\_ Site/Department: \_\_\_\_\_ Date: \_\_\_\_\_

Single/Sole Source Justification prepared by: \_\_\_\_\_

**I. A Single/Sole Source Purchase** must meet one of the following criteria:

- ☐ **One-of-a-kind -** The commodity or service has no competitive product AND IS AVAILABLE FROM ONLY ONE SUPPLIER.
- ☐ **Compatibility -** The commodity or service must match existing brand of equipment for compatibility AND IS AVAILABLE FROM ONLY ONE VENDOR.
- ☐ **Replacement part -** The commodity is a replacement part for a specific brand of existing equipment AND IS AVAILABLE FROM ONLY ONE SUPPLIER.
- ☐ **Research continuity -** The commodity or service is needed to maintain research continuity AND IS AVAILABLE FROM ONLY ONE SUPPLIER.
- ☐ **District standards -** The commodity or service must comply with established District standards AND IS AVAILABLE FROM ONLY ONE SUPPLIER.
- ☐ **Unique design -** The commodity or service must meet physical design or quality requirements AND IS AVAILABLE FROM ONLY ONE SUPPLIER.
- ☐ **Emergency -** URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disaster, etc.

**II.** Provide details of this request including explanation of why one source is reasonably available (attach separate if necessary).

**III.** As the Administrator/Principal/Department Head, I hereby certify that the above justification is accurate and complete to the best of my knowledge and belief.

**Approval:**

\_\_\_\_\_  
Signature - Administrator/Principal/Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Director of Purchasing

\_\_\_\_\_  
Date