



## Justification Letter

OPCMR

SALUTATION		REQUESTER	
To:		Contact Name:	
		Date Prepared:	
From:		Phone/Ext:	
		Email address:	
FUNDING DETAILS			
<b>Account Type/Name:</b>		<b>ACCOUNT ATTRIBUTES</b>	
		Org/Obj/Project Codes:	
		Org/Obj/Project Codes:	
		Org/Obj/Project Codes:	
PURCHASE DETAILS			
This request is for Goods		This request is for Services	
Vendor 1		Bid amount \$	Winning bid's valid until date (Goods):
Vendor 2		Bid amount \$	or
Vendor 3		Bid amount \$	Winning bid's service period (Services):
ATTACHMENTS, NEEDS AND STATUTORY AUTHORITY DECLARATION			
This request is submitted with: Scope of Work (SOW) Solicitation request (IFB,RFP, RFQ, IQ) Sole source documentation, if app. Vendor quotation(s) Vendor proposal(s) Vendor invoice(s) Debarment/exclusion form Fixed Asset Form Other:		<b>Please review the exemption aid (separate document) to assist with this selection:</b> Purchase is less than \$10k, but requires additional support Purchase is between \$10k-\$150k, but the lowest vendor was not selected Purchase exceeds \$150k and can be procured via an exemption Purchase is technology-based (hardware or software related) <b>BIT approval required</b> Purchase is through a sole-source/single-source procurement <b>DPP approval required</b> Purchase is for a vehicle <b>VIEO and DPP approval required</b> Purchase is for medical equipment/supplies or agriculture-related Purchase or contract is for equipment that is technical in nature Purchase is construction-related (new buildouts, repairs, etc.) <b>DPW approval required</b> Purchase is made under a State of Emergency or Public Exigency <b>DPP approval required</b> <b>Justification for this purchase is sanctioned by 31VIC§239</b>	
JUSTIFICATION NARRATIVE			
Justify the activity and the use of fund(s) for the selected vendor. Goods and Services must be described with pertinent details and must match the quote and/or Proposal submitted by the vendor. <b>Summarize in 500 words or less.</b>			
SIGNATORIES			
<b>User Agency CFO</b> _____ Date Certifies that funding is available to support this procurement		<b>Agency/Department Head</b> _____ Date Approved Disapproved	
<b>User Agency CPO, if app.</b> _____ Date Certifies that this procurement is in compliance with VI procurement laws and policies		<b>DPP Designee</b> _____ Date Approved Disapproved	
		<b>DPP Commissioner</b> _____ Date Approved Disapproved	

**Purchase requires a:** Service/Licensing Agreement Supply Contract Construction Contract PSC/MOU/MOA

**Comments:**