Clint Independent School District
Purchasing Department Only: Justification for Other Than Full and Open Competition Verification Form

eForm

Researcher/Requestor Information

Name: _____ Phone: _____ Date: _____

Department/Campus: _____ E-mail: _____

Vendor Information

Vendor/Company Name: _____ Phone: _____

Contact Name: _____ Website: _____

Vendor Type: ☐ Products ☐ Services Possible Commodity Code(s): _____ _____ _____ _____ _____

Estimated Amount/Value

Product(s): _____ Service(s): _____ Total: _____

Account Code: _____

Verifying Purchasing Clerk/Specialist

Name: _____ Date: _____

Computer Equipment

Is this procurement for mainframe data-processing equipment and peripheral attachments? ○ Yes ○ No

Competitor Research Summary

Total number of other vendors in eBid system with same commodity code: _____

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Patent(s)/Copyright(s) Verification Summary

Qualifications Verified Summary

Resume(s) Review Summary

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Past Performance References Review Summary

Fee/Price/Market Research Verification Summary

Were prices specified for services? ◯ Yes ◯ No

Is the total proposed cost over $150,000? ◯ Yes ◯ No If yes, attach a detailed Cost/Price Analysis.

Statutory Authority Verification Summary

Based on your research, can an equivalent be substituted? ◯ Yes ◯ No

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Other Questions

Is there public exigency or emergency for the requirement that will NOT permit a delay resulting from competitive solicitation?	◯ Yes	◉ No
Did TEA (or other federal awarding agency) expressly authorize noncompetitive proposals in response to a written request from the District?	◯ Yes	◉ No
After you solicited a number of sources, did you determine competition is inadequate?	◯ Yes	◉ No

Decision and Certifications

Final Determination: ◯ Approved ◉ Not Approved

Description of current action being approved or reason not approved:

Future actions the District should take, if possible, to remove or overcome any barriers to competition before any subsequent procurement is required.

I certify the justification is complete and accurate to the best of my knowledge and belief; and the anticipated cost to the District is fair and reasonable.

Director of Procurement

Name: _____ Signature: _____ Date: _____

Executive Director of Business Services

Name: _____ Signature: _____ Date: _____

School Board Approval (Required if estimated value/cost is over $50,000)

Board Determination: ◯ Approved ◯ Not Approved

Secretary

Name: _____ Signature: _____ Date: _____

Chairman of the Board

Name: _____ Signature: _____ Date: _____