Clint Independent School District
Requestor: Justification for Other Than Full and Open Competition Form

eForm

This questionnaire has been designed by the Purchasing Department to aid the faculty and staff in relating information necessary in the processing of requisitions on a non-competitive purchase basis. Your cooperation in answering the questions and descriptions listed below will assist us to understand the unique characteristics of the good(s) or service(s) and handle your orders expeditiously.

Researcher/Requestor Information

Name: _____ Phone: _____ Date: _____

Department/Campus: _____ E-mail: _____

Vendor Information

Vendor/Company Name: _____ Phone: _____

Contact Name: _____ Website: _____

Vendor Type: ☐ Products ☐ Services

Estimated Amount/Value

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

Account Code: _____

Target Use (This product and/or service is required for use in:)

☐ Research ☐ Classroom instruction ☐ Lab ☐ Other _____

Authority (Statutory authority for non-competitive procurement:)

☐ Existing Patent *Enter Number:* _____

☐ Existing Copyright Registration *Enter Number:* _____

☐ Film, manuscript, or book unavailable anywhere else in the U.S.

☐ Film, manuscript, or book with unique, specialized subject

☐ A captive replacement part or component for equipment

☐ Utility Service

☐ Required by Federal Government Grant *Specify:* _____

☐ Required by the State Agency *Specify:* _____

☐ Professional Services exempted by Texas Education Code (TEC) 44.031(f) or Attorney General Opinion DM-418 (1996) *Select Service:* Please Select

☐ Public emergency or demand *Specify:* _____

Purpose

Describe the goods/products and/or services that are required to meet your needs.

Specification/Scope

What features or functions are proprietary to this item? How are these dimensions or performance characteristics essential to the accomplishment of your work? If applicable, include Brand/Model?

Qualifications

What are the unique qualifications of this vendor or the nature of the procurement that requires the use of the statutory authority cited above? How were these qualifications verified? Was a Request for Qualifications issued?

Other Sources and Effort

List other companies you found in your research other than your suggested source who provides a similar item or service. Include the website addresses. Describe your effort to ensure offers were solicited from as many potential sources as possible and whether public notice was advertised.

Solicitation/Interest

List the sources that expressed, in writing, an interest in this procurement.

Research Conclusion

Why are these competing vendors NOT satisfactory? Specify why their products/services will NOT work.

Risk

What is the negative impact/risk to the District if this specific vendor is NOT used?

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Product Specific Information

If requesting product(s), will the item be used with existing equipment/systems? ◯ Yes ◯ No

If yes, Brand and Model Number: _____

How will it be used? (Select all that apply)

- ☐ As a repair/maintenance/modification
- ☐ As a spare/replacement part
- ☐ As a component to be compatible with the existing equipment (Specify below)
  - ☐ As an accessory of option
  - ☐ To match existing equipment/systems
  - ☐ For reasons of interchangeability

Additional Information

Give any additional information or supporting facts that justify the use of other than full and open competition.

Requesting Department Certification

I certify that the technical specifications and/or requirements outlined above are complete and accurate.

Technical or Requirements Staff Member Approval

Name: _____ Signature: _____

Title: _____ Date: _____

Supervisor Approval

Name: _____ Signature: _____

Title: _____ Date: _____

Forward or present completed form to the Business Services Department, Purchasing Clerk.