

Sharyland ISD Purchase Justification / Approval Form

(To be completed by SISD Employee)

Requisition Number: _____

Purpose of This Form

Complete this form when:

- Only one source is available for the requested goods or services, **or**
- Only one product/service meets the district's requirements, **or**
- The request is for the renewal **of an existing service, contract, or subscription** where competition is not feasible.

Note: The district requires three (3) bids/quotes whenever possible. If this requirement cannot be met, including in cases of renewals or proprietary services, this form must be completed and submitted to the Purchasing Department. Attach additional pages if necessary.

Section 1: Purchase Information

1. **Estimated Total Cost:** \$ _____

2. **Vendor Name:** _____

3. **Description of Goods/Services and Purpose:**

Provide a detailed description of the requested items or services and explain their intended use.

Indicate if this is a **new purchase or a renewal**.

Section 2: Sole Source Justification

4. **Reasons for Sole Source Purchase** (*check all that apply*):

☐ Original manufacturer/provider; no other distributors available

☐ Only local distributor for the manufacturer/provider

☐ Only known product/service that meets required specifications

☐ Sole provider of a licensed or patented product/service

☐ Compatibility with existing equipment, systems, or programs

☐ Sole provider of factory-authorized warranty/service

☐ Software license renewal

☐ Service or subscription renewal (no equivalent alternative available)

☐ Other (please specify): _____

5. Justification Statement:

Explain in detail why this product or service is the only one that meets your needs, including justification for renewals (e.g., continuity of service, data migration risks, compatibility, or cost implications of switching providers).

6. Vendor Contact Attempts:

List at least two other vendors contacted (if applicable) and explain why their products/services do not meet requirements. If this is a renewal and no alternatives were solicited, explain why.

Vendor 1: _____

Reason Not Selected: _____

Vendor 2: _____

Reason Not Selected: _____

Section 3: Certification

I certify that the information provided above is true and accurate. No other material facts or considerations have influenced this recommendation for a sole source or proprietary purchase, including renewals of services or subscriptions.

Requester Name: _____

Signature: _____

Department/Campus: _____

Date: _____

Purchasing Department Use Only

Reviewed By: _____

Date: _____

Approved By: _____

Date: _____

FYTD: _____

LFYTD: _____