



SOLE SOURCE REQUEST

CONTRACTS & PROCUREMENT

Complete each section and provide as much information as needed to fully respond. Please provide a copy of the vendor's quote, if applicable. **Requests missing information will be returned to requester for completion.**

Sole source procurement is appropriate if a good or service is only reasonably available from a single supplier or if it qualifies under the provisions of Salt Lake County Ordinance [3.20.030 A5](#).

It is anticipated this procurement will result in a (check one):

- County-Prepared Contract:** Email this completed form to slco-purchasing@saltlakecounty.gov
- Vendor-Prepared Contract:** Email this completed form along with the contract to [C&P](#)
- Purchase Order:** Enter requisition in PeopleSoft with the supplier set to "CP" and attach this completed form to the requisition. Contracts and Procurement will source the requisition to a P.O. if the request is approved.

| Requesting Authorization | |
|---|--|
| Division: | |
| Contact Person and Title: | |
| E-mail Address: | |
| Telephone Number: | |
| | |
| Good/Service to be Purchased: | |
| Total Estimated Cost (including all renewal periods) | |
| Supplier Name: | |
| Contact Person: | |
| E-mail Address: | |
| Telephone Number: | |
| Ordering Address: | |
| Remittance Address: | |

Complete the fields below:

Explain in detail why the service or product is only available from a single supplier:

The explanation above is required for ALL SOLE SOURCE REQUESTS.

Please check all the circumstances that apply:

| | | |
|--------------------------|---|----------------------------|
| <input type="checkbox"/> | Standardization or compatibility of equipment, materials, technology, software, accessories, replacement parts, or service. | Complete sections A, B & C |
| <input type="checkbox"/> | Transitional costs are unreasonable or cost prohibitive. | Complete section A and C |
| <input type="checkbox"/> | Needed for trial use or testing. | Complete section A and D |

Section A. GENERAL INFORMATION

| | |
|----|---|
| 1. | Describe in detail what is unique about this product/service to justify a sole source: |
| 2. | Could the good or service be reasonably modified to allow for competition? Explain in detail: |
| 3. | Explain the market research performed to make the sole source recommendation. |
| 4. | List the names of suppliers contacted, contact person and summary of their response. |
| 5. | Complete disclosure must be included with this request if the requestor has any personal, financial, or fiduciary relationship with the recommended supplier. (Please attach) |

Section B. COMPATIBILITY OF EQUIPMENT/SERVICE

| | |
|----|--|
| 1. | Describe the existing equipment, goods, or services that this procurement item must be compatible with and explain why. Include the original purchase price and date of purchase if known. |
| 2. | What is the remaining life expectancy of the existing equipment or goods? |
| 3. | What procurement method was used to purchase the existing equipment, goods, or services (RFB, RFP, Sole Source, etc.)? |

Section C. TRANSITIONAL COSTS

Definition of “Transitional Costs”

The costs of changing from an existing provider of, or type of, a procurement item to another provider of, or type of, procurement item. “Transitional costs” include: training costs; conversion costs; compatibility costs; system downtime; disruption of service; staff time necessary to put the transition into effect; installation costs; and ancillary software, hardware, equipment, or construction costs. “Transitional costs” do not include: the costs of preparing for or engaging in a procurement process; or contract negotiation or contract drafting costs.

| | |
|----|---|
| 1. | Describe the costs of transitioning to another vendor that are considered unreasonable or cost prohibitive. (These costs shall not include those of preparing for or engaging in a procurement process or negotiating/drafting a new contract.) |
| | |
| 2. | Explain the research performed to determine the cost of changing an existing provider of, or type of, procurement item. |
| | |

Section D. TRIAL OR TESTING

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|------------------------------------|--|
| 1. | Why is the trial use or testing necessary? |
| | |
| 2. | What is the anticipated end result of the trial or test? |
| | |
| 3. | Do any other suppliers provide this product or service? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If yes, list the company names: | |
| | |
| b. Will their products be tested? | |
| | |
| 4. | What criteria were used to choose this supplier? |
| | |
| 5. | What is the scope/size and location of test or trial? |
| | |

When submitting by email, type the requestor's name on the signature line. By signing, the requestor is certifying the information provided is accurate. The email will constitute the electronic signature.

| | | |
|-------------------------------------|------------------------------------|--------------|
| Requested by: | Buyer Recommendation: | |
| | | |
| Agency Signature & Date: | Buyer Signature & Date: | |
| Title: | Approval | |
| Comments: | | |
| | Purchasing Agent Signature | Date: |
| | Contracts and Procurement | |