

## SOLE SOURCE REQUEST

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](mailto: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**

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.**

<b>Requested by:</b>	<b>Buyer Recommendation:</b>	
<b>Agency Signature &amp; Date:</b>	<b>Buyer Signature &amp; Date:</b>	
<b>Title:</b>	<b>Approval</b>	
<b>Comments:</b>		
	<b>Purchasing Agent Signature</b>	<b>Date:</b>
	<b>Contracts and Procurement</b>	