



# SOLE SOURCE REQUEST

UTAH COUNTY AUDITOR

Purchasing Dept

100 E Center St #3600

Provo, Utah 84606

Phone (801) 851-8233 or (801) 851-8234

Utah County Procurement Regulations state that a procurement may be made without competition when there is only one source for the required supply or service. A sole source procurement is justified if there is only one product or service that can reasonably meet the County's need and only one vendor can provide the product or service. ALL SOLE SOURCE REQUESTS MUST BE PRE-APPROVED BY PURCHASING.

Recommended Supplier:	
Contact Person:	
E-mail Address:	
Phone Number:	
Address including zip code:	
Product / Service to be purchased:	
Cost:	

**Complete the following or attach a W-9 form**

If submitting a Social Security #, the name must appear as it does on Social Security card.						
Federal Tax ID# (TIN): (9 Digits)						
Social Security # (9 Digits)						
Type of Supplier (Check One):		Corporation		Medical Provider (All Types)		Proprietorship/Individual
		Partnership		Government		Other

Department Making Request:	
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<b>Sole source request is based on which of the following (check all that apply)</b>	
	Compatibility of equipment/service (please complete sections A and B)
	Trial or Testing (please complete section C)
	Equipment/service is only available from a single supplier in the U.S. (please complete section A)
	Compatibility of professional services (please complete section A)

<b>Section A. GENERAL INFORMATION</b>
1. What is unique about this product / service to justify a sole source?
2. Could the product/service be reasonably modified to allow for competition?
3. Explain the market research performed to make the sole source recommendation?
4. List the names of suppliers contacted, contact person and a summary of their response?
5. Please attach a complete disclosure with this request if the requestor has any personal, financial or fiduciary relationship with the recommended supplier.

<b>Section B. COMPATIBILITY OF EQUIPMENT/SERVICE</b>
1. Describe the existing equipment that this purchase must be compatible with; original purchase price and date of purchase.
2. What is the remaining life expectancy of the existing equipment?
3. What procurement method was used to purchase the existing equipment? (RFQ, RFP, Sole Source)

### Section C. 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? (check one)      Yes      No

3a. If Yes, list the company names:

3b. If Yes, will their products also be tested? (check one)      Yes      No

4. What criteria were used to choose this supplier?

5. What is the scope/size and location of test or trial?

**Requested by**

**Approved**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Dept:

\_\_\_\_\_  
Robert Baxter

\_\_\_\_\_  
Date

Purchasing Agent