



# Office of Procurement

## Single/Sole Source Justification Form

The University of Richmond requires justification for non-competitive procurement for acquisitions over \$10,000 that are not covered under an existing contract. If additional space is needed please include information on a separate page.

### VENDOR:

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email and Phone: \_\_\_\_\_

### DESCRIPTION:

Describe the full scope of work including all goods and services required. Proposals or quotes received must be attached to this form.

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COST: \_\_\_\_\_

### SINGLE / SOLE SOURCE RATIONALE:

1. Explain why the recommended vendor is the only company that can meet the requirement. What conditions (e.g., experience, unique specifications standard or compatibility with existing university infrastructure, product expertise or delivery requirements) exist that the recommended company has over any other vendor who can provide these goods and or services?

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2. If other vendors have been contacted, please list them here.

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3. Is there a **substantial risk** in working with any other vendor? Provide supporting evidence of why other vendors are considered to be unable to overcome the substantial risk.

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Single/Sole Source  
Justification Form

## ACKNOWLEDGEMENT/APPROVAL:

I acknowledge the University's requirements for soliciting competitive bids for purchases over \$10,000.00 and the criteria for justification for Single/Sole Source purchases. I have gathered the required information, have made a concerted effort to review equivalent goods and/or services and affirm that there is no **conflict of interest** involved in the selection made.

Requestor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Department/Division Approval

Dean/AVP/VP \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Grants Accounting Approval

If purchase is grant funded, Grants Accounting must also approve the request. Otherwise, this section should be left blank.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Office of Procurement

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETION OF THIS FORM DOES NOT GUARANTEE THE APPROVAL OF THE PROCUREMENT REQUEST. PROCUREMENT AND STRATEGIC SOURCING RESERVE THE RIGHT TO COMPETITVELY BID, NEGOTIATE PRICING OR TO SOLICIT ADDITIONAL INFORMATION AND REMAINS THE FINAL AUTHORITY ON ALL PROCUREMENT ISSUES.**