



ARKANSAS STATE UNIVERSITY  
PROCUREMENT DEPARTMENT  
**Sole Source Justification Form**

Complete all sections of this *Sole Source Procurement Justification Form*. Email the completed form to Procurement Services [procurement@astate.edu](mailto:procurement@astate.edu) to ensure timely review.

**Procurement Unit Requesting the Sole Source Procurement**

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

Requesting Division: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**General Information**

Description of Service/Commodity: \_\_\_\_\_

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

Start Date of Resulting Contract: \_\_\_\_\_ Expiration Date of Resulting Contract: \_\_\_\_\_

Contract Number (if available): \_\_\_\_\_ Total Projected Cost: \$ \_\_\_\_\_

**Why is the commodity/service needed?**

**How did the department determine a lack of responsible competition exists for the commodity/service?**

**How did the department determine the commodity/service can only be provided by one source?**

**Can requirements be modified so the commodity/service may be competitively bid? If not, why?**

**Are there patent, copyright, or proprietary rights that make the required commodity/service unavailable from other sources?**

**What would the requestor do if the commodity/service were no longer available?**

**What program consideration details make the use of a Sole Source Procurement critical to the requestor?**

**Provide additional details as needed.**

**\*\*Attach a memo from the company detailing their sole source status with this form.**