

## **SOLE SOURCE JUSTIFICATION**

A waiver from the competitive solicitation process may be granted when based upon operational compatibility with existing equipment, strong technological grounds, a unique and cost-effective feature requirement, or when it is clearly in the State's best interest.

**1.) Contract Amount:** \$ \_\_\_\_\_

**2.) Requested Supplier:** \_\_\_\_\_

**3.) Description of Item/Service:**

**4.) Establish the reasons The Citadel absolutely requires this specific Item/Service and the unique benefits that will be realized:**

**5.) Explanation as to why no other supplier can offer a comparable Item/Service:**

I hereby certify that the above information is accurate and request that a waiver from the State mandated bidding process be approved for the procurement of the above stated equipment, commodity, or service.

Based on the determination above, the proposed procurement action described is being procured pursuant to the authority of Section 11-35-1560 of the South Carolina Procurement Code and 19-445.2105 of the Rules and Regulations, 1976 South Carolina Code of Laws.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF DEPARTMENT HEAD

\_\_\_\_\_  
DEPARTMENT

<b>FOR PROCUREMENT SERVICES USE ONLY</b>	
<b>APPROVED BY:</b> _____ Director of Procurement Services	<b>DATE:</b> _____
<b>APPROVED BY:</b> _____ VP Finance & Business	<b>DATE:</b> _____
*VPFB signature only required for requests over \$100,000	

**GUIDANCE:**

**Section 3;** Provide a description of the item or service being requested with sufficient detail so that it is clear to the reviewer of this form what is being sought and the purpose it serves.

**Section 4;** Detail the specifics about the item or service and explain how it is uniquely positioned to meet the need at The Citadel. This section should address the role that will be played by the item/service and how it is positioned to be the only option that will work in this scenario. Factual evidence must be presented to substantiate why this is the sole item/service that will work.

**Section 5;** Cite the reasons why alternatives would not be acceptable and how comparable products or services from other suppliers could not meet the need. Also, include details about the market research that was performed to substantiate the sole source request. Detail the specific, quantifiable facts as to why this type of item/service cannot be purchased from any other supplier.

**The Drug-free Work Place certification must be obtained for sole source procurements greater than \$50,000.**