Sole Source Justification Form Bulloch County Purchasing Office			
Date		**Requisition #**	
Department Information			
Department		Department Head	
Vendor Information			
Vendor Name			
Street Address			
City			
State and Zip Code			
Phone Number			
Fax Number			
E-mail or Web Site Address			

Please specifically justify why the items or services to be approved for sole source treatment:

Check	Sols Source Considerations
☐	**Exclusive Rights:** Item is proprietary under patent or copyright; or possesses a unique function or capability held by single vendor possessing capabilities critical for use (if item is proprietary but available from more than one source, competitive proposals are required).
☐	**Replacement Parts, Equipment or Accessories**: Needed for repair of existing equipment where compatibility is essential for integrity of results and there are no other dealers or distributors.
☐	**Technical Service:** Service provided is of a highly specialized or scientific nature where proposed vendor is the only resource available or within the geographic area.
☐	**Continuation of Prior Work:** Additional item, service or work required, but not known to have been needed when the original order was placed with vendor
☐	**Other:** Otherwise, due to special scientific, technological, or extraordinary specifications and circumstances, the goods or services is available from only one vendor**.**

Attach the firm price quotation and purchase requisition form from the sole source vendor. Quoted prices shall be firm for 30 days and shall be delivered FOB: Bulloch County.

I hereby declare that the information provided herein to be true and accurate to the best of my knowledge and I understand that false or misleading information may be a violation of County Purchasing Policies.

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Signature of Requestor

If the purchase is $10,000 or more, approval is required by the Board of Commissioners.