

Request for Consideration For Exclusive Acquisition

This form is designed to assist the faculty and staff in relating the information required in the processing of requisitions for exclusive acquisition purchases in accordance with Section 2155.067 of the Government Code (Chapter 2155). Please complete Sections 1 and 2 on this form and forward the completed form to the Purchasing department, OCB 1.160. If more space is needed, please attach additional pages.

The completed form must be approved by the Purchasing Department for requests \$15,000 and greater (Greater than \$5,000 on Federal Funds) to be granted an exclusive acquisition designation.

The cornerstone of governmental purchasing is the competitive bidding process. It is the use of this process that keeps the University from paying more than is necessary for goods and services. The Purchasing Department recognizes that for certain goods or services, the generation of competition for a single purchase may not be possible. In that event, the Purchasing Buyer must understand, or come to understand the unique characteristics of the request or need before an Exclusive Acquisition designation can be applied. Answering completely the questions listed below will assist the Purchasing Buyer in determining whether or not a competitive purchase opportunity exists.

Date:	Purchase Order Number:
Administrative Contact:	
Administrative Phone:	
Requestor of Goods/Service or Primary User:	
Estimated dollar amount of purchase: \$	
Supplier:	

SECTION 1

1. Explanation of need/request (General): Provide a high level description of the purpose/need for the good or service?

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2. Explanation of specific need/request: Provide a description of specific features or characteristics required with this request. **The description should include which part or parts of the stated specifications restricts the request to this particular manufacturer/provider.** *(NOTE: The explanation of need “MUST” address the critical importance of the unique feature (s) or characteristic(s) as it applies to its intended use in your operation)*

3. Reason Why Competing Products are not Satisfactory: Provide a brief statement in reference to the identification of other sources that have been reviewed (Include the name, model number, and manufacturer of the similar but not comparable product(s) that have been investigated) and state the reason why competing product(s) are not satisfactory and will not meet the needs for its intended use in your operation. **If quotes from other vendors were obtained or are mentioned below, be sure to attach copies.**

4. Specific Impact on Department: Provide a statement regarding the specific impact on the Department if the goods or services were procured elsewhere.

PO# _____

SECTION 2

CONFLICT OF INTEREST STATEMENT

I, _____, the undersigned, hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein.

I am acting on my own accord and am not acting under duress. I am not currently employed by, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with this vendor in return for favorable consideration of this request.

Name of Primary User

Signature

Date

DEPARTMENTAL APPROVAL

By signing below, the department certifies that the information submitted on this form has been reviewed and this purchase has departmental approval. The final determination of approval shall be made by the Purchasing Office.

Signature: _____ *Date:* _____
(Dean/Department Head/Business Officer)

Printed Name: _____
(Dean/Department Head/Business Officer)

Title: _____

*Departmental approver must be senior to the primary user.

PO# _____

Purchasing Department Use Only

SECTION 3

DETERMINATION OF SOLE SOURCE BY THE BUYER

Having reviewed this request for an exclusive acquisition, I have made the following determination:

- _____ Sole Source
- _____ Best Value
- _____ Proprietary Purchase
- _____ Emergency
- _____ Not Approved

Rationale for Determination or Additional Comments (REQUIRED):

Buyer's Name (Print): _____ Title _____

Signature: _____ Date: _____

PO# _____

Purchasing Department Use Only

SECTION 4

APPROVAL

NOTE: This purchasing officer must be authorized to approve the dollar amount of the purchase as listed on Page 1 by the requestor.

_____ Approved

_____ Not Approved

Additional Comments/Supporting Determination of Approver:

Approver's Name (Print): _____ Title _____

Signature: _____ Date: _____