



FOOTHILL-DE ANZA
Community College District

SINGLE SOURCE JUSTIFICATION FORM – UNDER BID THRESHOLD

Contractor/Vendor Legal Name: _____

Product/Service Being Procured: _____

REQ #: _____ **Dollar Amount:** _____

Policy/Procedures: Administrative Procedure 3140 (AP3140) requires a minimum of three quotes for purchases between \$10,000 and the bid threshold. On occasion, a purchase in this informal range can be made only through one contractor/vendor in which case it becomes a “single source” purchase. In this instance, the Purchasing Department must have justification for bypassing the normal competitive process. To qualify as a “single source” purchase, one of the below criteria must be met.

Instructions: Please initial all entries below that apply to the proposed purchase. More than one entry may apply to your single source justification. Submit your completed form to the Purchasing Department for review. Purchasing will return the approved copy of the form to the Requester to submit as supporting documentation to their Requisition.

INITIALS	JUSTIFICATION
	Compatibility: Purchase of the product or service is required from the selected contractor/vendor to be compatible with existing equipment, inventory, systems, programs, or services. Only this contractor/vendor can provide the product or service.
	Distributor: The vendor is the sole distributor of this product or service in Santa Clara County; <u>and</u> the product or service is the only known product or service that will meet the specialized needs of this department or can perform the intended function.
	Non-Equivalent: Purchase of the product or service is required from the original contractor/vendor as it is not equivalent/interchangeable with those similar from another contractor/vendor.
	Original Contractor/Vendor: Purchase of the product or service is required from the original contractor/vendor as it is the only known product or service that will meet the specialized needs of the department or perform the intended function.
	Standard: Contractor/vendor is the sole provider of products or services needed to provide standardization or that the District has established as a board approved standard. Please attach evidence of such standard.
	Customization: The product required is customized to meet the needs of the department. The customized features are available only from this contractor/vendor and no other contractor/vendor can provide the product with equal features. Please attach a statement listing the features and supporting documentation to confirm their uniqueness.
	None of the above applies.

Explain why this contractor/vendor is the only one able to provide the product or service.
(attach additional sheet if needed)

Requester: _____
Printed Name Signature Date

Dean/Director/Manager: _____
Printed Name Signature Date

Purchasing Approval:
Based on the above justification, I hereby approve the purchase of this product or service on a single source basis.

Assigned Buyer Purchasing Manager Signature Date