**Enhanced Mobility of Seniors and Individuals with Disabilities Program –** Sole Source Justification

Sole source justifications may be considered when supplies or services are available from only one responsible source, and no other supplies or services will satisfy its requirements. Sole source requests require documentation on the lack of other vendors to do the work, and an explanation how the preferred vendor is uniquely qualified.

In addition, per Federal Transit Administration (FTA) requirements, a Cost Analysis must be completed when price competition is inadequate and/or when a sole source is available. A cost analysis includes the elements of the proposed cost (i.e. labor hours, overhead, materials, profit). It may be difficult to get a cost breakdown for equipment purchases, but profit margins should be checked at a minimum. If a vendor refuses to provide the request information, at least obtain information on base price plus additional features.

If seeking sole source for a procurement the following form will help determine if certain conditions are met to justify it. Please complete this form and send it to COG staff for consideration.

Date: Contract Price:

Name of Organization:

Vendor Name:

Description of product, good, or service provided by vendor:

**1. NEEDS ASSESSMENT**

1. Provide a brief summary of the purpose and need for the sole source request. Include history/background of the problem and why the vendor is the only source for the acquisition:
2. **RESEARCH**
	1. Provide a summary and attach documentation of the research conducted to substantiate lack of competition. This may include a narrative of your efforts, names and contact dates of potential alternatives you reached out to, how you concluded the alternatives are inappropriate or unavailable, etc.:
	2. What are the unique qualifications that the vendor possesses that prohibits competition amongst multiple vendors? Provide a brief background/qualification statement of the vendor. Also list any special certifications, licenses, trademarks, methodologies, etc.
	3. Were alternative goods/services evaluated? If yes, who were the vendors and why were they unacceptable? If no, why weren’t they evaluated?
	4. Is time of the essence? If so, please provide details of the specific delivery schedule and why it is critical or that an emergency exists.
	5. Explain the consequences of not purchasing the goods/service from the proposed sole source vendor.
3. **JUSTIFICATION**
	1. Why is the acquisition restricted to this good/service/vendor? Check all that apply:

□ Product or services are a unique or innovative concept

□ There is/are knowledge/skills/experience unique to the provider of the service

□ Product has patents or restricted data rights

□ There is a need for compatibility with an existing item (must demonstrate true need)

□ Substantial duplication costs would be incurred by using a different vendor

□ An unacceptable delay

□ Only one bid was received (if RFP or IFB)

* 1. Explain your response:
1. **COST ANALYSIS**
	1. What efforts (i.e. negotiations? discounts applied? cost analysis?) were made to get the best price? Is the price fair/reasonable? Does the service/product inherently command a higher price?
	2. Explain how the sole source offer price was determined to be fair and reasonable. Attach any related documentation.
	3. Will this purchase obligate the subrecipient to future purchases (maintenance, licensing, or continual/ongoing expenses)? If so, fully denote any future obligations.
	4. Describe any cost savings realized or costs avoided by procuring from this vendor.
2. **AUTHORIZED REPRESENTATIVE CONFIRMATION**

*To the best of my knowledge and belief, the information in this sole source justification form is true and correct, and the person whose signature appears below has been duly authorized by the governing body of the subrecipient organization to file this sole source request.*

*Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Certifying Representative*

*(Authorized Signatory): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*