

Procurement Department Telephone: 417.447.4817

1001 E Chestnut Expressway Facsimile: 417.447.4856

Springfield, MO 65802 Email: mccoyj@otc.edu

**SINGLE FEASIBLE SOURCE JUSTIFICATION FORM**

**This Single Feasible Source Justification Form is to be used by departments to document single feasible source purchase requests of $1999.99 or more, in an effort to make sure purchases are being made in compliance with college policy and procedures. Single Feasible Source exists when: 1. Products are proprietary and only available from the manufacture or a single distributor; or 2. The source is the sole distributor for the region or municipality; or 3. Products are available at a discount from a single distributor for a limited period of time; or 4. Products or services have no competitive alternatives available on the market and are available from only one source.**

Requester Name and Title:

*Note: Requester must be able to defend this justification.*

Department Name:

Suggested Source:

Product/Service General Description:

Manufacturer (if applicable):

Model (if applicable):

1. Describe the intended use for this product or the full scope of work for this service.

2. Describe the unique features that make this product or service available only from this supplier. Explain why the recommended source is the only source that can meet the requirement. What condition (e.g. technological superiority, or performance risks, etc.) exist so that the recommended source has a significant advantage over any other company who can do this job?

*Please address the key reason for awarding without soliciting competitive bids. The rational must be clear and convincing, avoiding generalities and unsupported conclusions.*

3. Describe the process used to select this product, service or supplier and describe what market research was conducted to preclude other sources from consideration.

*Please provide supporting evidence for the conclusion; other sources considered should be listed, along with explanation of why they are unable to meet the requirements.*

4. Is this purchase required to match existing equipment? [ ]  Yes [ ] NO

Please provide the brand and model of the existing equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes: -as a repair/replacement part? [ ]  Yes [ ] NO

 -as an accessory? [ ]  Yes [ ] NO

 - for reasons of interchangeability? [ ]  Yes [ ] NO

 -as a component to be interfaced with the existing equipment? [ ]  Yes [ ] NO

6. Give any additional information you feel may aid the buyer in processing this requisition.

It is the intention of Ozarks Technical Community College to avoid conflicts of interest. By signing this form you confirm that you are aware of and agree to abide by Ozarks Technical Community College’s 4.02(p) policy, and that you do not have, nor does any member of your family, any financial interests in the supplier under consideration.

Purchasing decisions are business decisions made on behalf of Ozarks Technical Community College and therefore should be made with the utmost consideration for what is in the best interest of the college. The purchasing department reserves the right to competitively bid, negotiate pricing or to solicit additional information and remains the final authority on all procurement issues.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor of the Good or Service Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Requestor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Chancellor Signature Date