

**DORCHESTER COUNTY
Sole Source Justification**

Vendor: _____

Product/Service: _____

Estimated expenditure for the above commodity or service: \$ _____

**Initial all entries below that apply to the proposed purchase for expenditures over \$1,500.
(More than one entry will apply to most sole source products/services requested).**

1. _____ SOLE SOURCE REQUEST IS FOR THE ORIGINAL MANUFACTURER OR PROVIDER, THERE ARE NO REGIONAL DISTRIBUTORS. (Attach the manufacturer's written certification that no regional distributors exist. Item no. 4 also must be completed.)
2. _____ THE PARTS/EQUIPMENT ARE NOT INTERCHANGEABLE WITH SIMILAR PARTS OF ANOTHER MANUFACTURER. (Explain in separate memorandum.)
3. _____ THIS IS THE ONLY KNOWN ITEM OR SERVICE THAT WILL MEET THE SPECIALIZED NEEDS OF THIS DEPARTMENT OR PERFORM THE INTENDED FUNCTION. (Attach memorandum with details of specialized function or application.)
4. _____ THE PARTS/EQUIPMENT ARE REQUIRED FROM THIS SOURCE TO PERMIT STANDARDIZATION. (Attach memorandum describing basis for standardization request.)
5. _____ NONE OF THE ABOVE APPLY. A DETAILED EXPLANATION AND JUSTIFICATION FOR THIS SOLE SOURCE REQUEST IS CONTAINED IN ATTACHED MEMORANDUM.

DEPARTMENT HEAD SIGNATURE

MANAGING DIRECTOR SIGNATURE

DEPARTMENT

DIVISION

DATE

(PURCHASING DEPARTMENT USE ONLY)

APPROVED BY PURCHASING: _____ DATE: _____

DISAPPROVED BY: _____ DATE: _____

REASON FOR DISAPPROVAL: _____
