Sole Source procurements are purchases made from a vendor who has been determined to be the only source and provider for unique and specific supply items, services, information technology or construction. A sole source can be defined as a situation in the marketplace where there is clearly and legitimately a single source of supply to meet requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| **Requestor Contact Information** | | |  |
| **Requestor Name** |  | **Request Date** |  |
| **Requestor Division** |  | **Requestor Phone Number** |  |
| **Requestor Email** |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Supplier/Vendor Information** | | | | | | |
| **Supplier/Vendor** |  | | | | | |
| **Supplier/Vendor Address** |  | | | | | |
| **Has the market been tested recently on the applicability of a sole source? If so, when?** | | |  | | | |
| **Estimated amount of the procurement for the current fiscal year** | |  | | | | |
| **If the agreement is a multi-year contract or contains an option to renew, please enter the total estimated value over the life of the contract** | |  | | | | |
| **Is the agreement is a multi-year contract? If so, please enter the contract start date and end dates** | | **Start Date** | |  | **End Date** |  |

**1. DESCRIPTION OF PRODUCT/SERVICE -** Describe the items to be procured including brand, model and part number (if applicable) or the full scope of work or service.

**2. DETAILED JUSTIFICATION FOR SOLE SOURCE -** Explain in detail why the item/service/manufacturer is the only one capable of meeting the requirements/needs. List the major features/capabilities that are required and explain why these features are essential.

**3. BRIEF DESCRIPTION OF MARKET TESTING -** List other vendors contacted and the efforts made to find or identify other vendors with similar products or services.

Under the requirements of Section 11–35-1560 of the South Carolina Consolidated Procurement Code and 19-445.2105 of the Rules and Regulations, I attest that the market has been researched with the results confirming the procurement is appropriate and complies with sole source criteria.

# Requestor

**Print/Type Name Signature Date**

# Program Manager Approval

**Print/Type Name Signature Date**

# Division Director

**Approval**

**Print/Type Name Signature Date**

# Central Procurement

**Certification**

**Print/Type Name Signature Date**

# Chief of Staff

**Approval**

**Print/Type Name Signature Date**

# The drug-free work place certification must be obtained for sole source procurements greater than $50,000 (§ 44–107–30)

***The effective date of the purchase order must be after the effective date of the sole source justification and the justification must be approved by the Chief of Staff in advance of any procurement action***