

Sole Source Subsequent Request and Recertification

Responsible Party Name:	Date:
Responsible Party Email and Phone:	Current Requisition Number:
Department:	Amount:
*Original Tracking Number:	*Original Requisition Number:

*These numbers were assigned on the initial sole source request form. Provide a copy of the original executed sole source to this document.

Recommended Vendor Name:
Vendor Contact Name, Email, Phone:

Established procurement policies require the University to seek competition to the maximum practicable degree. By completing this form, the responsible party attests to the accuracy of the information provided and understands this document will be included in the procurement file. This information may be audited or provided to interested parties under the Virginia Freedom of Information Act (FOIA).

Furthermore, submission of this document constitutes acknowledgement the responsible party has no personal financial or fiduciary relationship with the recommended vendor.

Does the responsible party still deem this procurement a sole source? Yes No.

Has any documentation provided previously to justify the sole source procurement changed?
 Yes No If yes, please explain and attach documentation:

Comments:

Attach this completed form, a current vendor quote, and the original sole source form to the Purchase Requisition in eVA. – SIGNATURE PAGE FOLLOWS

Based on my professional experience and knowledge of the marketplace, submission of this document constitutes acknowledgement that the price offered is considered to be fair and reasonable, and that the recommended vendor is the sole source for the product/service.

REVIEW/APPROVAL SIGNATURES:

<p>Responsible Party: <i>(Defined as the end user of the good/service. The responsible party has performed the initial research defining the sole source nature of the good/service.)</i></p> <p>SIGNATURE: _____</p> <p>PRINTED NAME: _____</p>	<p>Date:</p>
<p>Dean/Director/Department Head: <i>(Defined as the reviewer of the sole source form. The reviewer is attesting the form has been completed, ensuring all questions are answered and referenced supporting documentation has been provided.)</i></p> <p>SIGNATURE: _____</p> <p>PRINTED NAME: _____</p>	<p>Date:</p>
<p>Contract Officer: <i>(Defined as the assigned Procurement and Contracts Department staff person that is responsible for ensuring the <u>validity</u> of the sole source.)</i></p> <p>SIGNATURE: _____</p>	<p>Date:</p>
<p>Director Procurement and Contracts or Designee:</p> <p>SIGNATURE: _____</p>	<p>Date:</p>

SIGNATORY COMMENTS:

<p> </p>
