



SOLE/SINGLE SOURCE SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

State Finance and General Municipal Law allows for the waiver of competitive bidding requirements when a Sole or Single Source can be reasonably established.

A Sole or Single Source may be established when the following conditions are met:

- Only one known source exists, or is authorized by a manufacturer to provide a commodity or service as determined by documented research;
- Only one source meets the needs of the department (e.g., compatibility with existing products, unique feature of product or service).

COMPLETING THE FORM

Departments must complete the entire form and send it to the Purchasing Division with the following:

1. A letter from the manufacturer attesting that the vendor you are requesting to establish as a Sole or Single Source is the only vendor that can fulfill the purchase request;
2. All backup information/research performed by your department to substantiate the claim that the commodity/service requested is the only one of its kind and can only be purchased through the vendor indicated on the Waiver Justification and Request Form.

If you have questions, please contact the Purchasing Division at 607-274-5500.

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Department Representative Initiating Request (Print)

Department Head/Division Manager Authorizing Request (Print)

Signature of Department Head/Division Manager Authorizing Request

Date

Please consider this memo as my approval of your request. This approval may be rescinded in the event reliable information becomes available upon which the Purchasing Division determines that the service or good sought may in fact be procured through more than one source, or in a more economical manner.

Signed:

Finance Director or Purchasing Division or Designee

Date

Purchasing Use Only:	
Approval#:	

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

COMPLETE ALL FIELDS- INCOMPLETE REQUESTS WILL BE RETURNED TO THE DEPARTMENT

Department Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
Department:		
<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>

Vendor Information:	
Vendor Name:	
Contact Name:	
Address:	
Telephone Number:	
Email Address:	
Web Address:	

Term:			
One (1) Time Purchase:			
Contract:	Start Date:		End Date:

Funding:	
State Appropriated:	
Federal Funds:	
Grant Funds:	
County:	

Total Estimated Value of this Service Contract or Purchase:
\$

Provide a description of work/services to be performed or commodity/good to be purchased, including manufacturer and model # if applicable:

Describe the unique features/qualifications required for this service or good that are not available from any other vendor (attach additional sheets if necessary):

Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
b. <i>If no, please explain why alternatives were not evaluated.</i>				

Has the department purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information (attach additional sheets if needed):</i>				
<i>Term Start and End Dates</i>	<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFQ, Waiver)</i>	

What are the potential consequences to the County if the waiver request is denied and the service or good is competitively bid?

What efforts were made to substantiate that there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?

Will this purchase obligate the County to this vendor for future purchases? Check One.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
a. <i>If yes, please provide details regarding future obligations or needs.</i>				