

Village of Orland Park
Sole Source Request Form
Required for Purchases \$5,000 - \$24,999

Department Public Works
Division (if applicable) Utilities Division

Date 11-6-2025

Description of Good/Service 2026 SCADA Support Services

Manufacturer or Supplier Concentric Intergration

Dollar Amount \$72,000.00

Co-op Purchasing Contract # _____

Have Adequate Funds Been Budgeted For This Purchase? Yes ☒ No ☐

Account number(s) 5008100-443610

Option 1 - Sole Source Justification

A Sole Source Purchase is available from only one supplier and must meet at least one of the following criteria (check the appropriate box):

- | | |
|--|--|
| <input type="checkbox"/> One-of-a-Kind | The commodity or service has no competitive product alternatives available on the market. |
| <input checked="" type="checkbox"/> Compatibility | The commodity or service must match existing brand of equipment for compatibility. |
| <input type="checkbox"/> Replacement Part | The commodity is a replacement part for a specific brand of existing equipment. |
| <input checked="" type="checkbox"/> Operation Continuity | The commodity or service is needed to maintain operational continuity. |
| <input type="checkbox"/> Unique Design | The commodity or service must meet physical design or quality requirements. |
| <input type="checkbox"/> Delivery Date | Only one supplier can meet necessary delivery requirements. |
| <input type="checkbox"/> Emergency | PER VILLAGE CODE 1-16-3 (E) : URGENT NEED for the item or service does not permit soliciting competitive bids. |
| <input type="checkbox"/> Other | _____ |

Explain how your purchase of goods or services meets one or more of the above criteria for a valid sole source

Concentric Intergration has the historical, critical knowledge of the Villages water system and software.

Price Reasonableness

I determined that the price is reasonable for one of the following reasons:

☐ Relevant documentation attached

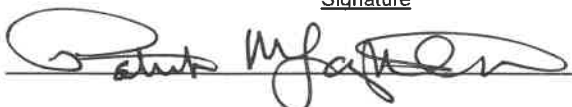
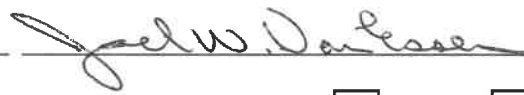
- ☒ I compared the proposed price to prices I previously paid for the same or similar services.
- ☐ I compared the proposed price to current published catalog, price lists, or market prices as documented in the attachments.
- ☐ I compared the proposed price to rough yardsticks and did not discover significant inconsistencies that warrant additional inquiry.
- ☐ Based on my knowledge of the market, my experience of prior similar proposals, or knowledge imparted by technical experts.
- ☐ The price is set by law or regulations.
- ☐ Market research reveals that same or similar goods or services are available for a similar price.

Option 2 - Joint or Cooperative Purchasing

Purchase through Cooperative Purchasing (attach contract documentation)

- | | |
|--|---|
| <input type="checkbox"/> State of Illinois Joint Purchase Program | <input type="checkbox"/> Omnia Partners - Public Sector |
| <input type="checkbox"/> NWMC/Suburban Purchasing Cooperative | <input type="checkbox"/> National Intergovernmental Purchasing Alliance |
| <input type="checkbox"/> The GSA Schedules | <input type="checkbox"/> The National Cooperative Purchasing Alliance |
| <input type="checkbox"/> Sourcewell | <input type="checkbox"/> HGACBuy |
| <input type="checkbox"/> Nat'l Association of State Procurement Officials (NASPO) ValuePoint | <input type="checkbox"/> Municipal Partnering Initiative (MPI) |
| <input type="checkbox"/> Choice Partners Cooperative | <input type="checkbox"/> Midwestern Higher Education Compact |
| <input type="checkbox"/> The Interlocal Purchasing System (TIPS) | <input type="checkbox"/> National Purchasing Partners (NPPGov) |
| <input type="checkbox"/> Purchasing Cooperative of America | <input type="checkbox"/> 1Government Procurement Alliance (1GPA) |
| <input type="checkbox"/> Good Buy Purchasing Cooperative | <input type="checkbox"/> National BuyBoard (BuyBoard) |
| | <input type="checkbox"/> Other: _____ |

Requested By:

Name	Signature	Date
Staff Contact Patrick McLaughlin		11-6-2025
Department Head Joel Van Essen		11-6-2025

Did legal review Terms & Conditions from vendor, if applicable? ☐ Yes ☒ No ☐ N/A

Have you received a CRT summary from the Risk Manager? ☐ Yes ☒ No ☐ N/A