

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

Department \_\_\_\_\_ Date \_\_\_\_\_  
Division (if applicable) \_\_\_\_\_  
Description of Good/Service \_\_\_\_\_  
Manufacturer or Supplier \_\_\_\_\_  
Dollar Amount \_\_\_\_\_ Co-op Purchasing Contract # \_\_\_\_\_  
Have Adequate Funds Been Budgeted For This Purchase? Yes ☐ No ☐  
Account number(s) \_\_\_\_\_

**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 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 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            | <a href="#">PER VILLAGE CODE 1-16-3 (E)</a> : 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**

**Price Reasonableness**

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

☐ Relevant documentation attached

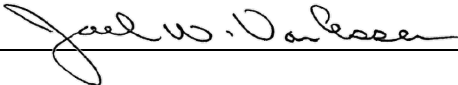
- |                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I compared the proposed price to prices I previously paid for the same or similar services.                                         |
| <input type="checkbox"/> I compared the proposed price to current published catalog, price lists, or market prices as documented in the attachments.         |
| <input type="checkbox"/> I compared the proposed price to rough yardsticks and did not discover significant inconsistencies that warrant additional inquiry. |
| <input type="checkbox"/> Based on my knowledge of the market, my experience of prior similar proposals, or knowledge imparted by technical experts.          |
| <input type="checkbox"/> The price is set by law or regulations.                                                                                             |
| <input type="checkbox"/> 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"/> <a href="#">State of Illinois Joint Purchase Program</a>                            | <input type="checkbox"/> <a href="#">Omnia Partners - Public Sector</a>                 |
| <input type="checkbox"/> <a href="#">NWMC/Suburban Purchasing Cooperative</a>                                | <input type="checkbox"/> <a href="#">National Intergovernmental Purchasing Alliance</a> |
| <input type="checkbox"/> <a href="#">The GSA Schedules</a>                                                   | <input type="checkbox"/> <a href="#">The National Cooperative Purchasing Alliance</a>   |
| <input type="checkbox"/> <a href="#">Sourcewell</a>                                                          | <input type="checkbox"/> <a href="#">HGACBuy</a>                                        |
| <input type="checkbox"/> <a href="#">Nat'l Association of State Procurement Officials (NASPO) ValuePoint</a> | <input type="checkbox"/> <a href="#">Municipal Partnering Initiative (MPI)</a>          |
| <input type="checkbox"/> <a href="#">Choice Partners Cooperative</a>                                         | <input type="checkbox"/> <a href="#">Midwestern Higher Education Compact</a>            |
| <input type="checkbox"/> <a href="#">The Interlocal Purchasing System (TIPS)</a>                             | <input type="checkbox"/> <a href="#">National Purchasing Partners (NPPGov)</a>          |
| <input type="checkbox"/> <a href="#">Purchasing Cooperative of America</a>                                   | <input type="checkbox"/> <a href="#">1Government Procurement Alliance (1GPA)</a>        |
| <input type="checkbox"/> <a href="#">Good Buy Purchasing Cooperative</a>                                     | <input type="checkbox"/> <a href="#">National BuyBoard (BuyBoard)</a>                   |
|                                                                                                              | <input type="checkbox"/> Other: _____                                                   |

**Requested By:**

| Name                  | Signature                                                                            | Date  |
|-----------------------|--------------------------------------------------------------------------------------|-------|
| Staff Contact _____   |  | _____ |
| Department Head _____ |  | _____ |

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