

**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):

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

- 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"/> <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:**

Staff Contact      Name      Signature      Date

\_\_\_\_\_ *Mike Mazza* \_\_\_\_\_

Department Head

\_\_\_\_\_ *Joel W. VanLester* \_\_\_\_\_

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