

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

Department Finance

Date 5/27/2026

Division (if applicable) _____

Description of Good/Service Professional Auditing Services

Manufacturer or Supplier Sikich LLP

Dollar Amount Per Approved Rates 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

Sikich has developed significant institutional knowledge and familiarity with the Village's financial systems, accounting practices, internal controls, reporting structures, and operational processes. Through completion of multiple annual audits, the firm has gained a detailed understanding of the Village's financial environment, including historical trends, supporting documentation processes, and specific reporting requirements. Continued utilization of the current firm will provide operational continuity, maintain consistency in audit methodologies and reporting practices, reduce transition risks, and allow staff to continue leveraging the existing working relationship and knowledge already established through prior audit years.

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:

	<u>Name</u>	<u>Signature</u>	<u>Date</u>
Staff Contact	<u>Brandi Watson</u>		<u>5/27/2026</u>
Department Head	<u>Chris Frankenfield</u>		<u>5/27/26</u>

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