

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

Department Village Manager's Office Date 1/15/2026  
Division (if applicable) \_\_\_\_\_  
Description of Good/Service Provision of mental health coordination and education services  
Manufacturer or Supplier Care Solace  
Dollar Amount 174000.00 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 checked="" 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**

Care Solace provides specialized mental health coordination and education services that are uniquely suited to support the Village's needs. Their program offers significant value and will be highly beneficial to the Village.

**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<br>Brandi Watson |  | 1/15/2026 |
| Department Head<br>Jim Culotta |   | 1/15/2026 |

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