

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	<u>PER VILLAGE CODE 1-16-3 (E): URGENT NEED</u> 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

- 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:

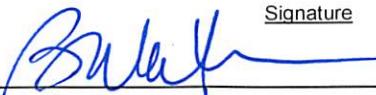
Name _____

Signature _____

Date _____

Staff Contact

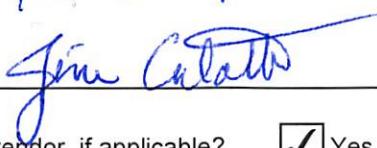
Brandi Watson



1/15/2026

Department Head

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