

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

Department Public Works Date 1/28/26
Division (if applicable) Vehicles and Equipment
Description of Good/Service GEM Electric Utility Vehicle
Manufacturer or Supplier MH Equipment
Dollar Amount \$45,158.60 Co-op Purchasing Contract # 091024-WVE
Have Adequate Funds Been Budgeted For This Purchase? Yes ☒ No ☐
Account number(s) 3008040-570200

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 | <u>PER VILLAGE CODE 1-16-3 (E): URGENT NEED for the item or service does not permit soliciting competitive bids.</u> |
| <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



- ☐ 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"/> <u>State of Illinois Joint Purchase Program</u> | <input type="checkbox"/> <u>Omnia Partners - Public Sector</u> |
| <input type="checkbox"/> <u>NWMC/Suburban Purchasing Cooperative</u> | <input type="checkbox"/> <u>National Intergovernmental Purchasing Alliance</u> |
| <input type="checkbox"/> <u>The GSA Schedules</u> | <input type="checkbox"/> <u>The National Cooperative Purchasing Alliance</u> |
| <input checked="" type="checkbox"/> <u>Sourcewell</u> | <input type="checkbox"/> <u>HGACBuy</u> |
| <input type="checkbox"/> <u>Nat'l Association of State Procurement Officials (NASPO) ValuePoint</u> | <input type="checkbox"/> <u>Municipal Partnering Initiative (MPI)</u> |
| <input type="checkbox"/> <u>Choice Partners Cooperative</u> | <input type="checkbox"/> <u>Midwestern Higher Education Compact</u> |
| <input type="checkbox"/> <u>The Interlocal Purchasing System (TIPS)</u> | <input type="checkbox"/> <u>National Purchasing Partners (NPPGov)</u> |
| <input type="checkbox"/> <u>Purchasing Cooperative of America</u> | <input type="checkbox"/> <u>1Government Procurement Alliance (1GPA)</u> |
| <input type="checkbox"/> <u>Good Buy Purchasing Cooperative</u> | <input type="checkbox"/> <u>National BuyBoard (BuyBoard)</u> |
| | <input type="checkbox"/> Other: _____ |

Requested By:

Staff Contact	Name	Signature	Date
Andrew Folkerts			<u>1/28/26</u>
Department Head			
Joel Van Essen			<u>1/28/26</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