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		
	2	Purchasing Contract #
	Amount C0-0p Golden Color Co	
Account number(s) Option 1 - Sole Source Justification		
A Sole Source Purchase is available from One-of-a-Kind The cortion Compatibility The cortion	n only one supplier and must meet at least one of mmodity or service has no competitive product nmodity or service must match existing brand of mmodity is a replacement part for a specific bra	equipment for compatibility.
= ' '	nmodity or service must meet physical design or le supplier can meet necessary delivery require	
		e 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		
I compared the proposed price to I compared the proposed price to Based on my knowledge of the m The price is set by law or regulation Market research reveals that sam Option 2 - Joint or Cooperative Purchase through Cooperative Purchase through Cooperative Purchase of Illinois Joint Purchase Purchase of Illinois Joint Purchase Purchase Option International Cooperative International Cooperative International Cooperative International Internation	prices I previously paid for the same or similar current published catalog, price lists, or market prough yardsticks and did not discover significant tarket, my experience of prior similar proposals, ons. The or similar goods or services are available for a sasing archasing (attach contract documentation) togram toperative	orices as documented in the attachments. inconsistencies that warrant additional inquiry. or knowledge imparted by technical experts.
The Interlocal Purchasing System		National Purchasing Partners (NPPGov)
Purchasing Cooperative of Ameri Good Buy Purchasing Cooperativ		1Government Procurement Alliance (1GPA) National BuyBoard (BuyBoard)
Good Buy Fulchasing Cooperative	<u> </u>	Other:
Requested By:		
Name Staff Contact	Sign: Wike	Mazza
Department Head Auch 10 on Research		
Did legal review Terms & Conditions from vendor, if applicable?		
Have you received a CRT summary from the Risk Manager?		