

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 _____

Dollar Amount _____

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

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:

Staff Contact Name Signature Date

_____ *Mike Mazza* _____

Department Head _____ *Joel W. Darsner* _____

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