

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):

- | | |
|---|--|
| <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 | PER VILLAGE CODE 1-16-3 (E) : 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

Price Reasonableness

I determined that the price is reasonable for one of the following reasons:

☐ Relevant documentation attached


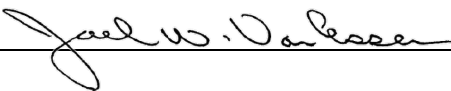
- | |
|--|
| <input type="checkbox"/> I compared the proposed price to prices I previously paid for the same or similar services. |
| <input type="checkbox"/> I compared the proposed price to current published catalog, price lists, or market prices as documented in the attachments. |
| <input type="checkbox"/> 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"/> 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 _____ |  | _____ |
| Department Head _____ |  | _____ |

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