

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 _____

Have Adequate Funds Been Budgeted For This Purchase? Yes No

Account number(s) _____

Section 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 | 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.

Section 2 - Purchasing Authorization - (Section 1 of this form must be completed)

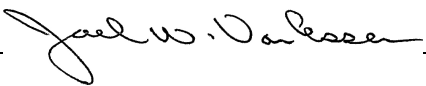
Purchase through Cooperative Purchasing (attach contract documentation)

[State of Illinois Joint Purchase Program](#)
[NWMC/Suburban Purchasing Cooperative](#)
[The GSA Schedules](#)
[Sourcewell](#)
[Nat'l Association of State Procurement Officials \(NASPO\) ValuePoint](#)
[Choice Partners Cooperative](#)
[The Interlocal Purchasing System \(TIPS\)](#)
[Purchasing Cooperative of America](#)
[Good Buy Purchasing Cooperative](#)

[Omnia Partners - Public Sector](#)
[National Intergovernmental Purchasing Alliance](#)
[The National Cooperative Purchasing Alliance](#)
[HGACBuy](#)
[Municipal Partnering Initiative \(MPI\)](#)
[Midwestern Higher Education Compact](#)
[National Purchasing Partners \(NPPGov\)](#)
[1Government Procurement Alliance \(1GPA\)](#)
[National BuyBoard \(BuyBoard\)](#)

Other: _____

Approvals

	<u>Name</u>	<u>Signature</u>	<u>Date</u>
Staff Contact			
			
Department Head			
		