

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	_____	_____	_____
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