Portland Public Schools

Sole Source Justification Form

Purchase of Goods or Services



|  |
| --- |
| **OVERVIEW** |

This form addresses the written findings requirement of the PPS Public Contracting Rules and Federal Procurement Guidelines.

Use this form for purchases or contracts for goods or services over $25,000 that are available from only one source.

Will federal funds be used for the purchase? [ ]  Yes [ ]  No

|  |
| --- |
| **SUBMISSION INSTRUCTIONS** |

To satisfy the written findings requirements for justification of sole source procurements, please follow the instructions listed below:

1. Please fill in all applicable fields.
2. Ensure all appropriate department signatures are obtained.
3. Submit the completed “Sole Source Justification Submission Form” to purchasing@pps.net using the form name as the email title.

|  |
| --- |
| **SOLE SOURCE JUSTIFICATION SUBMISSION FORM** |

|  |
| --- |
| Department:       |
| Prospective Contractor:       |
| Cost:       |

Describe the goods or services to be purchased:

For the reason(s) below, this purchase cannot reasonably be competitively solicited:

[ ]  The efficient use of existing goods or services requires our purchasing compatible goods or services, and there is a single provider for those goods and services. Describe:

[ ]  The goods or services required for the exchange of software or data with other public or private agencies are available from only one source. Describe:

[ ]  The goods or services are for a pilot or experimental project. Describe:

[ ] Other findings. Describe other factors that support the conclusion that the goods or services are available from only one source:

What unique features/functionality is required that only this source can provide?

What steps were taken to verify that goods or services with similar features and functionality are not available from other sources?

My recommendation for this sole source procurement is based upon an objective review of the goods and services required and is in the best interest of the District.

I certify that I have no conflict of interest in making this recommendation.

Signature Signature

Printed Name of Dept. Contract Manager Printed Name of Manager or Dept. Director

Date Date

|  |
| --- |
| **PURCHASING & CONTRACTING USE ONLY** |

[ ]  Public notice required (PPS Rule PPS-47-0275 >$150,000)

 Date of Advertisement: