

Justification for Proprietary Acquisition
(Sole Source)

General Information

Date: _____
College/Division: _____
Department: _____
Requisition Number: _____

Product/Service Information

Goods/Services: _____
Make/Model (Product Only): _____
Amount: \$ _____

Vendor Information

Vendor Name: _____
Contact Person: _____
Phone: _____
E-mail: _____
Vendor Category: __ Manufacturer __ Distributor __ Service Provider

Justification

Specifications/Unique Features

Describe the specifications/unique features of the product or services, and explain thoroughly why the specifications/unique features are needed:

Competing Products/Services

List all known vendors, other than your suggested source, that provide a similar item or an item with similar functions.

Provide the reason that competing products/services are not satisfactory:

Applicable Justification

Checkmark applicable box. See the instruction for examples.

- **Sole Vendor**
The named vendor is the only one that can produce required goods or services.
- **Proprietary**
The named vendor is the only one that can provide required products or services that meets university requirements.
- **Contractual**
The named vendor needs to be utilized because in compliance with the contract.
- **Compatibility**
The named vendor is the only one that can provide products or services that are compatible to the existing system or products.
- **Best Value**
The named vendor is the single supplier that meets the best value criteria in accordance with Texas Education Code 51.9335(b).

Further Clarification (Required**)

Describe any risks or consequences expected if the product or service was procured from another vendor, and explain why only the named vendor can provide the product/service without such risk or consequences.

I certify that the above statements are true and correct to the best of my knowledge. I also certify that neither I nor my family members will gain or receive any additional benefit because I have recommended that this acquisition be obtained solely from a designated vendor or contractor.

Proprietary Purchase Requestor Name** Signature Date

**For research grants, the requestor must be the Principle Investigator or designee.

Approval

College/Division Administrator Name Signature Date

Purchasing Department Approver Name Signature Date