



Ector County Purchasing Department

1010 E. 8th Street, Room 110

Odessa, Texas 79761

(432) 498-4020

[https://www.co.ector.tx.us/
page/ector.Purchasing](https://www.co.ector.tx.us/page/ector.Purchasing)

Single / Sole Source Justification Request

This Request is for a: (choose only one)

- Single Source Item** (goods or services are directed to this supplier because of standardization, warranty, or other factors)
- Sole Source Item** (goods or services are available from ONLY this supplier due to a unique capability, patent, copyright, secret process, or capability to meet the requirements of the solicitation)

Single / Sole Source justification requires additional documentation and requirements as listed below. One of these steps requires reaching to vendors in order to allow any possible competitors to come forward with equivalent goods or services. This step may be completed by your department, or by the Purchasing Department after all required documents have been submitted.

Required Documentation that must accompany this request before this purchase can be considered (any missing documentation will result in delays). *Check all included documents:*

- This request form completed and signed
- A written quote from the supplier, listing the goods, services, and pricing
- Letter of justification from the supplier (on company letterhead and signed by an authorized representative) establishing why they are Single / Sole Source
- Notarized Sole Source affidavit completed by supplier
- Signed letter of recommendation from the Elected Official or County Department Head

Requestor Name and County Office / Department: _____

Requestor Title: _____ Phone Number: _____

Requested Single Source Supplier:

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Website: _____

Is the recommended supplier the manufacturer? Yes No

Does the manufacturer sell the item(s) through distributors? Yes No

Description of the Product or Service: (if additional space is needed, include a separate page) *describe the full scope of work; including installation if required, items should include brand, model and part number if applicable.*

Schedule: *Identify the date items are needed to be delivered, or month work is to be performed. Please be specific and do not use "ASAP".*

Estimated Cost: _____

SINGLE / SOLE SOURCE RATIONALE

Complete the following checklist:

The requested supplier is the only source of required item(s) or service(s) because:

Check all that apply:

- The Required item or service is proprietary to the supplier.
- The recommended supplier holds the patent on the requested item(s)
- The recommended supplier is the only supplier capable of performing the requested service
- A specific item is needed
- To be compatible or interchangeable with existing hardware
- As a spare or replacement hardware
- For the repair or modification of existing hardware
- For technical evaluation or testing
- Have there been any prior attempts to obtain competitive bids or proposals for the items or services that failed? If so, please list and describe such attempts:

There is a substantial risk in selecting another product or service provider. If so, please describe:

It is not possible to obtain competitive bids for consideration. If so, please describe:

Are there any other companies who can provide the services or needed items? If so, please list and provide explanation of why they are unable to meet the requirements:

List any other sources, supplies, products, or service providers that you reviewed in your selection process:

List all research methods that you reviewed in your selection process (i.e.: specific internet searches, trade publications, references, etc.):

ACKNOWLEDGEMENT

- I affirm and acknowledge Ector County’s requirements, justifications, and criteria for Single / Sole Source purchases. I have gathered the required technical information, provided all required documentation, have made a concerted effort to review comparable / equal equipment or services to the best of my ability, and further affirm that there is no conflict of interest in my recommendation of the selected item(s), service(s), or supplier.

- I also acknowledge and understand that I may be subject to criminal prosecution for the willful falsification of information in this document. I, by the act of signing or typing my name below, hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing is true and correct.

Signature: _____ Date: _____

**By typing your name, this is equivalent to a legal signature*

NOTE: After passage of time, an item or service may no longer qualify as a Single / Sole Source purchase due to other similar items or services becoming available from other suppliers. Thus, all prior Single / Sole Source determinations must be reapproved by the Ector County Purchasing Department following completion of a Single / Sole Source Justification Request Process and satisfactory completion of such process must be noted on requisitions and purchase orders.

SINGLE / SOLE SOURCE JUSTIFICATION APPROVAL – PURCHASING ONLY

Submitted to Purchasing Department on: _____

Reviewed by Purchasing Department on: _____

Reviewer Name: _____ Title: _____

Date of Review: _____

Approved by Commissioners Court on: _____

Purchasing Department Signature: _____

If not approved, please provide explanation of why the supplier is not justified as a Single / Sole Source: