

SINGLE/SOLE SOURCE JUSTIFICATION FORM

The purpose of this single/sole source justification is to show that a competitive procurement is impractical because only one vendor can supply the product, equipment, or services required to meet a specific project need. This form is to be completed and attached to all sole source contract requests (F-137 or PMC forms) and capital purchase requisitions for goods totaling \$20,001 or more or services totaling \$35,001 or more.

STATEMENT OF NEED

I am aware that New York State procurement laws require Westchester County Health Care Corporation to procure contracts competitively whenever practicable. This request for a single or sole source procurement is based upon my objective review and evaluation of the product, equipment, or services described below. I certify that the statements set forth in this single/sole source justification are accurate and complete to the best of my knowledge and belief.

REQUESTOR INFORMATION

Date Requested:	
Name:	
Phone:	
Department:	
Requisition #: (If applicable)	

VENDOR INFORMATION

Vendor Name:	
Contact Person:	
Phone:	
General Description of Product, Equipment, or Service to be Procured:	
Estimated Cost of Procurement:	\$ _____

CHECK THE BOX FOR THE APPROPRIATE SINGLE/SOLE JUSTIFICATION AND ATTACH ADDITIONAL DOCUMENTATION AS REQUIRED

1. ONE OF A KIND	
<input type="checkbox"/>	There is no competitive alternative for the product, equipment, or service available on the market.
<input type="checkbox"/>	The vendor is the sole provider of a licensed or patented product, equipment, or service.
Explain the specific project need for the equipment, product, or service:	
Attach a letter on company letterhead and signed by an authorized representative of the vendor/contractor verifying that the product, equipment, or service can be acquired only from a single source.	
2. COMPATIBILITY	
<input type="checkbox"/>	The product or equipment is a replacement part for a specific make or brand of existing equipment.
<input type="checkbox"/>	The product or equipment is to be integrated with a currently owned system of the same manufacturer and it is necessary to maintain integrity of the overall system.
<input type="checkbox"/>	The contract is for the upgrade of existing computer software.

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<input type="checkbox"/>	The product, equipment, or services are for an ongoing project and changing manufacturers and/or service providers during the project will increase project costs or adversely impact project feasibility or operations.
<input type="checkbox"/>	The product, equipment, or service is one for which the WCHCC Board of Directors has elected to standardize a particular make or brand name.
Please state the manufacturer/supplier and the model number or description of the existing product/equipment/system/ software:	
Estimated dollar value of the existing product/equipment/system/software: \$ _____	
Explain the specific project need for the equipment, product, or service and the choice of supplier:	
3. SERVICES PROVIDED WITH EQUIPMENT	
<input type="checkbox"/>	The product or equipment purchased must be acquired from the requested vendor because: (i) professional, maintenance, or support services must be purchased with the product or equipment; or (ii) the vendor is the only known supplier of such services in the region.
<input type="checkbox"/>	The vendor is the sole provider of manufacturer authorized warranty or maintenance services.
Attach documentation supporting the fact that the vendor is the sole provider of services for the product or equipment.	
4. REQUIREMENTS OF INTENDED USE	
<input type="checkbox"/>	The proposed product or equipment is the only good that will meet the requirements of the project or the intended use although other similar products exist.
Explain the specific project need for the product or equipment:	
List the major features, functions, or capabilities of the product or equipment that are required for the given project or intended use:	
Explain why these features, functions, or capabilities are essential for the given project or intended use:	
State the reasons why the selected equipment or product is superior to all others. Give specific characteristics, capabilities, and properties:	
List the names of the other products, equipment, or manufacturers evaluated and attach all vendor quotations to this form:	
Identify the technical deficiencies with the products, equipment, or manufacturers listed above that led to their disqualification:	

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Attach documentation supporting the specialized functionality of the selected product or equipment.

CONFLICT OF INTEREST STATEMENT

I certify that I have no financial interest in, or financial relationship with, the proposed vendor for this single/sole source procurement. I further certify that no person or other entity has offered or solicited any gift, cash, equity interest, merchandise, equipment, services, or other consideration in exchange for the awarding or making of this procurement.

REQUESTOR

Signature:

Date:

ADMINISTRATIVE APPROVAL

(Approval must be provided by a Senior Vice President or higher ranking employee of WCHCC)

Name:

Title:

Signature:

Date: