FOUNDATION FOR ADVANCING VETERANS’ HEALTH RESEARCH

SOLE SOURCE VENDOR JUSTIFICATION FORM

FAVHR requires vendor selection justification and price verification for orders over $5,000

A sole source purchase may be made when there is **clearly and legitimately a single source of supply**. You may use this worksheet to record the information to justify your sole source purchase request.

Purchase Order #\_

Name:

Phone:

FAVHR Project/Grant ID:

E-mail:

# The purchase will be used for:

Research Education

# Unique characteristics and/or requirements of the good(s) or service(s) I am requesting are:

**The companies (vendors) I contacted and investigated are:**

**I am requesting this purchase as a sole source because (check if applies)**:

Vendor is a sole provider of a licensed or patented good or service Match existing/compatible with my existing equipment:

SIBCR tag #\_

Serial #

As a replacement or repair part

As a component to be interfaced with the existing equipment As an accessory or option:

to match existing equipment -OR- for interchangeability Continuity of research

Vendor is a sole provider of factory-authorized warranty service Maintenance is from the original equipment manufacture

After extensive search**,** the *only* vendor that meets all stated requirements

Signature Date

Sole source Vendor Justification August 2015