



Sole Source / Higher Price Justification Form

This form must be submitted for any purchase that will exceed an aggregate value of \$25,000 where competitive bids have not been solicited (or are not available) or where the lowest priced bid was not used.

Submit this form along with accompanying bid(s) to purchasing@holycross.edu.

Department Name: _____

Requestor's Name: _____

Vendor/Supplier Name: _____

What is being purchased? _____

Estimated cost: _____

Anticipated Purchase Date: _____

Is this purchase funded with Federal or private grant funding? If yes, please list funding source:

Please indicate the reason(s) the purchase should be awarded without the benefit of competitive bidding:

- Unique:** Product or service is unique and this is the only known supplier.
- Compatibility:** Required to match existing equipment or there are other compatibility considerations in play.
- Existing Contract:** Vendor holds a service contract and therefore must supply the parts as a part of this contract, or there is a continuation of an ongoing service or addition to a critical system already procured from that supplier. Examples could be products or services where a warranty will be invalidated if there is a change in supplier.
- Timeliness:** Time is of the essence and only one known source can meet the College's needs within the required timeframe; administrative delays do not justify urgency for a sole or single source justification.
- Other.** Please explain: _____

Please indicate below why the price of the goods/services is considered fair and/or reasonable. If applicable, indicate why a vendor that did not provide the lowest priced bid has been selected. Please describe or attach any communication(s) with other sources contacted or used in support of your explanation.

I attest to the fact that the attached statement(s) is/are true and that I have no financial or other interest in selecting this firm to provide the goods or services indicated.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Approval by Assistant Director of Purchasing Required:

Approved by: _____

Assistant Director of Purchasing

Date _____