

# TEXAS TECH UNIVERSITY Procurement Services

An exclusive acquisition is justified when an acquisition exceeds \$50,000, either as a single payment or multiple payments for the same goods and/or services throughout a fiscal year, and the acquisition is available only from a sole manufacturer or vendor. Procurement Services must review and approve the requisition before the goods being shipped or the services being provided.
Procurement Services may require additional information and/or determine that bidding is required. A quote must accompany the Justification of Exclusive Acquisition Form. Justifications will expire twelve (12) months after the original acquisition date.

## **General Information**

| Date:     | Department:                                       |   |  |
|-----------|---|---|--|
| Contact:_ | Emai  | il:Phone:                                       |  |
|           | (Contact should be the individual best able to an | nswer questions with regard to the acquisition) |  |
| Vendor II | nformation  |   |  |
| Vendor N  | lame:   |   |  |
| Vendor (  | Contact Name:                                     |   |  |
| Vendor E  | mail:   | Vendor Phone:                                   |  |

Provide a description of the goods (including equipment) or services.

Describe the intended use of the goods or services.

| Manufacturer:                               | Model No:            | Purchase Price: |    |
|---|----------------------|-----------------|----|
| Are the goods new or refurbished            | l:                   |                 |    |
| If <b>refurbished</b> , what is the cost of | goods purchased new: |                 |    |
| Is the vendor the manufacturer o            | f the goods?         | Yes             | No |
| Is this sold through a distributor          | ?                    | Yes             | No |



## <u>Type of Exclusive Acquisition</u> (*Required*)

**Sole Product** - Justified when an acquisition exceeds \$50,000, either as a single payment or multiple payments for the same goods and/or services throughout a fiscal year, and the acquisition is available from multiple vendors; however, a unique good must be used to satisfy requirements.

**Sole Brand/Vendor** - A sole brand/vendor is justified when an acquisition exceeds \$50,000, either as a single payment or as multiple payments for the same goods and/or services throughout a fiscal year, and the requirements for acquiring goods or services can only be met from a sole brand or vendor.

**Sponsored Project Requirement** - A sole brand/vendor is justified when an acquisition exceeds \$50,000, either as a single payment or as multiple payments for the same goods and/or services throughout a fiscal year, and the requirements for acquiring goods or services can only be met from a sole brand or vendor.

**Direct Publisher** - the acquisition is a requirement of the grant. A copy of the grant detailing the requirement to acquire the goods and services from the vendor must be attached to the requisition.

**Emergency** - acquisition is required to prevent a hazard to life, health, safety, welfare, or property.

### Source of Selection (Required)

Select one or more of the following statements supporting the sole source request.

**Compatibility** - Goods/services match the existing brand of equipment for compatibility.

**One of a Kind** - The goods or services have no competitive alternatives.

**Replacement Part/ Upgrade -** Goods are a replacement/upgrade for a specific brand of existing equipment.

**Repairs/Maintenance Service** - A service/maintenance contract is needed from the equipment manufacturer or the manufacturer's designated servicing dealer.

**Research Continuity/Standardization** - Goods and/or services are required to maintain research continuity based on research experience and/or information from the PI engaged in the research endeavors; introduction of different goods or services would negate the research or study.

**Unique Design** - Goods meet extraordinary physical design or quality specifications that are unique and not available through any alternative vendors.

**University Standard** – TTU policy mandates the use of a good or service for safety, security, or continuity of operations (ex. fire alarm system must be compatible with Fire Department equipment).



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# Justification of Proprietary Purchases

#### **Justification for Source Selection**

1. For all source selections except repairs/maintenance, briefly explain how this acquisition meets one or more of the above criteria for a valid justification, **price cannot be a factor for justification**.

#### 2. If selecting compatibility, replacement part/upgrade, or repairs/ maintenance service,

provide the following information:

| Purchase Order Number(s):  |  |
|----------------------------|--|
| Property Inventory Tag(s): |  |

3a. For source selections selecting **unique design**, list the important features or specific performance specifications/parameters that make the goods or services unique or proprietary. Specify why these unique features are indispensable to your research or operation.

3b. Please list any known vendor(s) that supplies a similar good/service with comparable functions or functionality:

| Vendor Name  |  |
|--|--|
| Vendor Website                                     |  |
| Why will competing goods vendors) not meet your ne | s and services (from other manufacturers/<br>eeds? |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| Vendor Name   |  |  |
|---|--|--|
| Vendor Website  |  |  |
| Why will competing goods and services (from other manufacturers/<br>vendors) not meet your needs? |  |  |
|   |  |  |
|   |  |  |



### Acknowledgement

I am aware that Texas Education Code §51.9335(h) and 2 C.F.R. Part 200 mandates that TTU procure all material, equipment, services, and supplies through a competitive procurement process; however, this serves as a request for an exclusive acquisition approval based on the supporting information provided on this form.

### **Departmental Signatures**

All departmental signatures are required prior to review.

I certify that the above justification is accurate and complete to the best of my knowledge. I and other faculty/staff involved with this acquisition have no financial or other beneficial interest in the proposed vendor.

| PI/Responsible Person (print) | PI/Responsible Person (signature) | Date |
|-------------------------------|-----------------------------------|------|
| Department Head (print)       | Department Head (signature)       | Date |