

## Sole Source/Bid Waiver Justification

**Below are the following Sole Source /Bid Waiver Criteria. If your purchase does meet any of the following criteria, please Sheila Johnson, District Director of Business and Procurement Services for further instruction via email at [sjohnson3@ccc.edu](mailto:sjohnson3@ccc.edu) or phone (312) 553-3336.**

### What is a Sole Source Procurement?

A “sole source” procurement can be defined as any contract entered into without a competitive process, based on a justification that only one known source exists or that only one single supplier can fulfill the requirement. Although states generally do not permit non-competitive procurements by statute, exceptions are allowed where competition is not feasible.

Examples of acceptable exceptions from the competitive procurement process may include:

- ☐ Only one known source exists for supplies of services or products as determined by documented research.
- ☐ No other reasonable alternative source exists that meets the CCC requirements.
- ☐ Only one source meets the business needs of the CCC (e.g., compatibility, unique feature to meet CCC’s business need, etc.)
- ☐ Procurement of public utility services.

### What’s not a Sole Source Procurement?

- ☐ A CCC requirement for a particular proprietary product or service does not automatically justify a sole source procurement if there is more than one potential bidder or offeror for that item.
- ☐ A CCC preference for a brand name product does not justify a sole source procurement.
- ☐ A good’s or service’s “uniqueness” alone may not qualify the producer or supplier of the good or service as a sole provider of a good or service.

### What are acceptable considerations for sole source procurements?

CCC reasons for sole sources vary greatly but should fall within the following:

- ☐ Only one known source that can provide the commodity or service.
- ☐ Unique source (commodity/service is unique/special in nature)
- ☐ Compatibility (e.g., a public safety CCC requiring a specific piece of equipment to be compatible with an existing equipment system)
- ☐ Limited or proprietary systems (i.e. additional licenses, updates, specialized replacement parts, etc.)
- ☐ A professional expert is requested.
- ☐ Sales territories or product availability within limited geographic boundaries.

### Sole Source/Bid Waiver Justification Application

Name of Requestor: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department/School: \_\_\_\_\_

Bulletin or Reference Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

Vendor: \_\_\_\_\_

Value of Initial Term, or if a Renewal, Value of this Renewal: \$ \_\_\_\_\_ ☐ Actual ☐ Estimated  
(Attach the proposal received)

Number of Potential/Remaining Renewals: \_\_\_\_\_

Choose one of the following:

Length of Each Renewal in Months: \_\_\_\_\_

☐ New Sole Source

☐ Sole Source Renewal

Value of All/Remaining Renewals: \$ \_\_\_\_\_

☐ Change Order or Amendment to an Existing Sole Source

Provide a description of the supplies or services required: \_\_\_\_\_

Select the Type of Funding to be Used: ☐ Educational Funds ☐ Capital Funds ☐ Grant Funds  
☐ Other (Explain): \_\_\_\_\_

This purchase is economically only available from a single source because it is:

- ☐ Art or Entertainment Services or Athletic Events
- ☐ Compatibility with Existing/current Equipment, Accessories, Replacement Parts or Service
- ☐ Critical Changes to the Existing Contract Are Necessary and Best Accomplished by the Original Contract Holder
- ☐ Federal/CCC Grant Requires Contract with Vendor (attach Grant Award Agreement)
- ☐ Item is Copyrighted or Patented and the Item is Only Available From the Holder – Copyright or Patent Number(s): \_\_\_\_\_

- ☐ Items Are Needed for Trial Use or Testing
- ☐ Media for Advertising
- ☐ Organization Memberships (Dues, Fees, Conference Charges Including Mandated Travel and Related Expenses)
- ☐ Public Utility Regulated Services
- ☐ Radio and Television Broadcast Rights
- ☐ Software License/Upgrade/Maintenance
- ☐ Other (Explain): \_\_\_\_\_

Has CCC purchased these supplies/services in the past? ☐ Yes ☐ No

If yes, STARTING WITH THE MOST RECENT CONTRACT AND WORKING BACKWARD, for the entire relationship with this vendor for this supply or service, list each term, value, short description and type of procurement of each:

Term	Term From:	Term To:	Value	Description	Vendor Selection
One					
Two					
Three					
Four					
Five					
Six					
Seven					
Eight					
Nine					
Ten					

If more than 10 years, explain: \_\_\_\_\_

### Business Rationale

1. Provide a detailed explanation of the need for the supplies or services: \_\_\_\_\_
2. What are the unique features of the supplies or services that are not available in any other product or by any other vendor? Provide specific, quantifiable factors/qualifications: \_\_\_\_\_
3. If professional services, what are the unique qualifications this vendor possesses? Provide specific, measurable factors/qualifications: \_\_\_\_\_
4. Were alternative supplies or services evaluated? ☐ Yes ☐ No If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility: \_\_\_\_\_  
b. If no, why were alternatives not evaluated? \_\_\_\_\_
5. What efforts were made to get the best possible price? \_\_\_\_\_
6. Will this purchase obligate the CCC to this vendor for future purchases such as maintenance, licensing or continuing need? ☐ Yes ☐ No
  - a. If yes, please provide details regarding future obligations and/or needs: \_\_\_\_\_
7. Why is the price for this purchase considered to be fair and reasonable? \_\_\_\_\_
8. If this is a renewal, describe why circumstances are such that competitive selection is still not an alternative since awarding the original contract: \_\_\_\_\_
9. What will be the financial or other impact to the CCC if this sole source is not approved and a competitive bid is required? \_\_\_\_\_

#### Department/College Representative Signature Required

I know and understand the contents of this Sole Source /Bid Waiver Justification and attest that all statements are true and correct.

\_\_\_\_\_  
Department/College Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department/College Representative Signature

\_\_\_\_\_  
VC/ College President Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

#### CPO Approval and Signature Required

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