

# WASHOE COUNTY SOLE SOURCE PURCHASE REQUEST FORM

This form is required for sole source approval of any of the following:

**Non-grant funds:**

- **Equipment or supplies exceeding \$25,000**
- **Professional Services exceeding \$50,000**

**Grant funds:**

- **Equipment or supplies exceeding \$3,000**
- **Professional Services\* exceeding \$3,000**

\***Note:** Noncompetitive awards to professionals or consultants that are on retainer contracts are restrictive of competition and not allowable under OMB guidelines.

DEPARTMENT \_\_\_\_\_

REQUESTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

REQUISITION NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

RECOMMENDED SOLE SOURCE SUPPLIER \_\_\_\_\_

ESTIMATED DOLLAR VALUE OF PROCUREMENT (ANNUALLY) \$ \_\_\_\_\_

Description of good or service requested:

Unique features/qualifications required that are not available from another supplier:

Were other options sought?

- If yes, why were they unacceptable? If no, why were alternatives not reviewed?

What efforts were made to determine there was no competition for the service or good and how was it determined the price for the purchase is fair and reasonable?

I have read and understand the Policies and Procedures of the Board of County Commissioners including the Washoe County Grants Manual (if applicable) with regard to sole source procurements. I understand that competition is the preeminent consideration in the expenditure of County and grant funds, and I acknowledge the County's commitment to the principle of fairness to any vendor who would like to do business with the County. After observing these principles and considerations, I hereby submit that the goods, services, and/or supplier specified fit the County's sole source criteria for the following reasons:

*Please provide sufficient detail to clearly identify the reason(s) for this sole source procurement request. Select all of the following applicable to the requested purchase. Attach additional information if necessary.*

**Note: Grant-funded purchases must fall under either 6, 7 or 8 below.**

( ) 1. The product is unique in design and/or features that are required for a specific application. List the unique features and explain why they are needed for the application the product will be used for.

( ) 2. The product being purchased must be compatible with existing equipment. Identify the existing equipment.

( ) 3. The product requested is one which the user has had specialized training for. Identify who the user of this product will be and provide a description of the previous training.

( ) 4. Consultants/Subcontractors: The individual/company is the most suitable to provide the service requested and the selection process is based on the following:

( ) There is evidence that the assistance to be provided is essential and cannot be provided by persons receiving salary support within Washoe County.

( ) A selection process was utilized to select the most qualified person.

( ) The consulting charges are appropriate considering the qualifications of the consultant or company based on past experience and the nature of the work to be performed.

( ) 5. The product or service is available only from the manufacturer or their authorized representative. Identify the manufacturer or authorized representative, and provide telephone number and address information.

( ) 6. The product or service is available only from a single source.

( ) 7. The awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the grantee department. (Attach sponsor authorization)

( ) 8. After solicitation of a number of sources, competition is determined inadequate.

( ) 9. Other. Please explain the specific circumstances and/or requirements that warrant the goods or services request to be procured from a sole source.

The following provides justification as to reasonableness of price: (i.e.; aligns with market pricing, government discount applied, cost analysis was conducted, aligns with historical pricing, etc.)

I understand that I may be required to justify this sole source procurement before the appropriate authority, including the Board of County Commissioners, and that my signing this document knowing any of it to be false may subject me to administrative action.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Signature  
Department Head Approval

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**For completion by the Purchasing Division:**

( ) Sole source justification is adequate and exempt from competitive bidding requirements per NRS 332.115.

( ) Sole source justification is adequate to justify exemption from competitive bidding requirements per NRS 332.\_\_\_\_\_.

( ) Sole source justification is adequate and exempt from competitive procurement requirements Uniform Guidance 2 CFR Pt. 200.320.

( ) Sole source justification is inadequate and request is returned to department for additional justification, instructions on whether to seek competitive bids for the goods or services requested, or to withdraw the request.

\_\_\_\_\_  
Signature  
Purchasing and Contracts Manager  
(or authorized representative)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date