

Procurement

Exclusive Acquisition Justification Form

(For Noncompetitive Purchases over \$15,000)

The competitive bidding process is the foundation of government purchasing. Though rare, due to the unique nature of some goods and services, competition may not be possible. In compliance with Tex. Educ. Code §51.9335(b), it is the responsibility of Procurement to verify that competition is not required and that the acquisition will result in "best value" for the institution.

In order to determine best value, the Procurement Buyer must understand the unique characteristic(s) of the good or service. This form is designed to assist faculty and staff in communicating the required information to Procurement. This document will remain effective for a period of two (2) years after date of last signature on page 5.

Please answer the questions below as completely as possible. Additional pages may be attached if more space or additional documentation is needed.

Request Must Be Typed

GENERAL INFORMATION

Today's Date: []

Estimated Dollar Amount: []

Requisition ID #:

CONTACT INFORMATION

DEPARTMENT INFORMATION table with fields: Contact Name, Department, Teams or Ext, Email Address

SUPPLIER INFORMATION table with fields: Supplier Name, Contact Name, Phone, Email Address

TYPE OF JUSTIFICATION

Proprietary and Best Value:

Only known supplier that meets your "definition of scope" or the single supplier that meets the best value criteria set out in Texas Education Code 51.9335(b) (Please complete sections A and B).

Emergency:

A purchase for which delay would create a hazard to life, health, safety, welfare or property. (Please complete sections A and C).

Professional Services: (as defined in Government Code 2254.002, e.a. Architects, Engineers, RNs, CPAs, Physicians, Land Surveyor, etc.)

Designated professional for which competitive bidding is not permitted. Note: To be used only when professional service providers have not been pre-qualified. (Please complete sections A and D).

SECTION A: GOODS/SERVICES INFORMATION

Table with 2 columns: PRODUCT MAKE/MODEL OR SERVICE, DESCRIPTION OF REQUEST (Describe the good or service to be procured and how it meets your needs.)

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

Procurement

Exclusive Acquisition Justification Form

(For Noncompetitive Purchases over \$15,000)

SECTION B: PROPRIETARY AND BEST VALUE JUSTIFICATION

<p>SPECIAL USE REQUIREMENTS (Equipment only)</p> <p><i>To be compatible with existing equipment:</i></p> <p><i>For the repair, maintenance, or modification of existing equipment:</i></p> <p><i>For use as spare or replacement equipment:</i></p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>
<p>REQUIRED FEATURES</p> <p>1. List the specific feature(s) or characteristic(s) that are <u>required</u> which are unique to the good or service provided by this supplier.</p> <p>2. Describe the importance of the unique feature(s) as it applies to the intended use and project goals. Describe how the selected supplier meets these requirements.</p>	
<p>EVALUATION OF OTHER SOURCES</p> <p>1. Identify other sources that were evaluated (include the names, manufacturers, model numbers, etc.) and the reason they were found to be unsatisfactory for the intended use or in meeting project goals.</p> <p>2. Attach copies of any quotes collected from other suppliers)</p>	
<p>RISK ELEMENTS</p> <p>Describe any substantial risks that could not be overcome if the product or service was procured from another supplier.</p>	

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED

Procurement

Exclusive Acquisition Justification Form

(For Noncompetitive Purchases over \$15,000)

SECTION C: EMERGENCY JUSTIFICATION

<p>RISK ELEMENTS</p> <p><i>State the financial or operational damage/ risk that will occur if needs are not satisfied immediately (You must provide specifics when explaining any loss or damage).</i></p>	
<p>SPECIAL CIRCUMSTANCES</p> <p><i>State why the needs were not or could not be anticipated so that goods/services cannot be purchased following standard procedures.</i></p>	
<p>SUPPLIER SELECTION</p> <p><i>State the reason and process used for selecting the supplier (Attach quotes/ proposals received from other sources, if applicable).</i></p>	

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

SECTION D: PROFESSIONAL SERVICES JUSTIFICATION

<p>SUPPLIER SELECTION</p> <p><i>Criteria used to select the supplier for these services.</i></p>	
<p>REASON FOR SELECTION</p> <p><i>Identify specific qualifications of selected supplier.</i></p>	

Procurement

Exclusive Acquisition Justification Form

(For Noncompetitive Purchases over \$15,000)

CONFLICT OF INTEREST STATEMENT

I, _____, the undersigned, hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein. I am acting on my own accord and am not acting under duress. I am not currently employed by, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with this supplier in return for favorable consideration of this request.

Signature:

Date:

(Primary User)

Title:

(Note: Government Code Chapter 572, Subchapter C, Sec. 572.069 – CERTAIN EMPLOYMENT FOR FORMER STATE OFFICER OR EMPLOYEE RESTRICTED. A former state officer or employee of a state agency who during the period of state service or employment participated on behalf of a state agency in a procurement or contract negotiation involving a person may not accept employment from that person before the second anniversary of the date the officer's or employee's service or employment with the state agency ceased.)

DEPARTMENT APPROVAL: Dean/Chair/Business Officer*

By signing below, the department certifies that the information submitted on this form has been reviewed and this purchase has departmental approval. The final determination of approval shall be made by Procurement.

Signature:

Date:

(Dean/Department Head/Business Officer)

Printed Name:

(Dean/Department Head/Business Officer)

Title:

*Departmental Approver should be senior to the Primary User.

(Note: Government Code Chapter 572, Subchapter C, Sec. 572.069 – CERTAIN EMPLOYMENT FOR FORMER STATE OFFICER OR EMPLOYEE RESTRICTED. A former state officer or employee of a state agency who during the period of state service or employment participated on behalf of a state agency in a procurement or contract negotiation involving a person may not accept employment from that person before the second anniversary of the date the officer's or employee's service or employment with the state agency ceased.)

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

Procurement
Exclusive Acquisition Justification Form
(For Noncompetitive Purchases over \$15,000)

PROCUREMENT APPROVAL: TO BE COMPLETED BY PURCHASING OFFICE

DETERMINATION:

- Approved
- Not Approved

JUSTIFICATION FOR PROCUREMENT METHOD:

Proprietary (Proprietary, OEM, Unique Specification, Direct Publication):

- Proprietary (i.e. Pharmaceuticals, Chemical Reagents)
- Original Equipment Manufacturer (OEM) Maintenance/Renewal
- Meets Unique Specifications
- Direct Publication/OEM Software Renewal or Maintenance

Best Value (Compatibility, Continuity, Contractor/Grantor Requirement, Best Value):

- Compatibility with Existing Equipment
- Continuity of Service/Research
- Contractor/Grantor Requirement Best Value

Emergency Purchase:

Emergency Purchase Emergency PO Number:

Professional Services:

Professional Services

Rationale for determination/comments:

Signature: _____ **Date:** _____
(Buyer)

Signature: _____ **Date:** _____
Manager or Sr. Director

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.