

## Exclusive Acquisition Justification Form

▶ *This form is for Noncompetitive Purchases \$15,000 and over.*

The competitive bidding process is the foundation of government purchasing. In rare situations though, due to the unique nature of some goods and services, competition may not be possible. 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 compliance with Tex. Educ. Code §51.9335(b). In order to make this determination, 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.

▶ *Please answer the questions below as completely as possible. Answers must be typed. An additional form may be submitted to your Buyer, if more space or additional documentation is needed.*

### General Information

Today’s Date \_\_\_\_\_ Estimated Dollar Amount \_\_\_\_\_ Requisition ID # \_\_\_\_\_

### Contact Information

#### Department Information

Contact Name \_\_\_\_\_ Department \_\_\_\_\_

Campus Phone \_\_\_\_\_ Email Address \_\_\_\_\_

#### Supplier Information

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 Service**

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 and Services Information

### Product Make, Model, or Service

Describe the Product Make, Model, or Service.

### Description of Request

Describe the good or service to be procured and how it meets your needs.

## Section B: Proprietary and Best Value Justification

### Special Use Requirements (Equipment Only)

- To be compatible with existing equipment:  Yes  No
- For the repair, maintenance, or modification of existing equipment:  Yes  No
- For use as spare or replacement equipment:  Yes  No

### Required Features (Equipment Only)

- List the specific feature(s) or characteristic(s) required which are unique to the good or service provided by this supplier.
- 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.

### Evaluation of Other Sources

- Identify other sources that were evaluated (including the names, manufacturers, model numbers, etc.) and the reason they were found to be unsatisfactory for the intended use or in meeting project goals.
- Provide copies of any quotes collected from other suppliers to your Buyer.

### Risk Elements

Describe any substantial risks that could not be overcome if the product or service was procured from another supplier.

## Section C: Emergency Justification

### Risk Elements

- State the financial or operational damage/risk that will occur if needs are not satisfied immediately.
- Provide specifics when explaining any loss or damage.

### Special Circumstances

State why the needs were not or could not be anticipated so that goods/services can't be purchased following standard procedures.

### Supplier Selection

- State the reason and process used for selecting the supplier.
- Provide quotes/proposals received from other sources (if applicable) to your Buyer.

## Section D: Professional Services Justification

### Supplier Selection

Criteria used to select the supplier for these services.

### Reason for Selection

Identify specific qualifications of selected supplier.

### 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.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

▶ *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

▶ A chair, dean, department head, or business officer should sign below. Departmental approvers who sign below should be senior to the primary user.

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.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Procurement Approval

### Determination

Approved     Not Approved    Rationale and Comments \_\_\_\_\_

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### 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 Specification

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

### Other

Emergency Purchase - PO Number \_\_\_\_\_

Professional Services

### Approvals

Signature of Buyer \_\_\_\_\_

Date \_\_\_\_\_

Signature of Procurement Manager \_\_\_\_\_  
(Amounts Up to \$50,000)

Date \_\_\_\_\_

Signature of Chief Procurement Officer \_\_\_\_\_  
(Amounts Over \$50,000)

Date \_\_\_\_\_