



THE CATHOLIC UNIVERSITY OF AMERICA

Strategic Sourcing and Business Services

Washington, DC 20064

Tel 202-319-5044 Fax 202-319-5047

Justification for Sole Source (Purchase or Contract)

REQUESTING DEPARTMENT

Department Name :	Date:
Department Contact - <i>responsible for ensuring receipt of goods/services contracted</i>	Contact Telephone:
Contact Email Address :	

CONTRACTOR/VENDOR INFORMATION

Vendor Business Name :	Vendor Contact :
Business Address :	
Email Address :	
Telephone :	Fax :

CONTRACT/PROJECT DESCRIPTION

Contract Amount :	Start Date	End Date
Requisition No.	Previous Purchase Order No. <i>(if applicable)</i>	Contract Term, if applicable <i>(mm/yy to mm/yy)</i>

PREFERRED PRODUCT JUSTIFICATION: *Evaluation of the product and/or vendor, and their relevance to your research or work, must be detailed in the explanation section below.*

1. Description of goods/services to be acquired:
2. Explanation of the need for/requirement placed on the university to acquire the goods/services:
3. Evidence that the proposed contractor has experience providing the same or similar service and evidence of the length of time the contractor has provided the same or similar service:
4. Other pertinent information:

By signing below, **the requesting department certifies that:** the information submitted here is accurate and complete, that it will comply with all requirements of the proposed contract/agreement, and that it is responsible for (a) monitoring compliance, expiration, and payment; (b) ensuring that none of CUA's policies are violated in connection with this contract, including CUA's Conflict of Interest policy.

Requesting Department Signature: (Director, Department Chair/Admin. Mgr.) <i>Print Name and then Signature</i>	Date:
Procurement Services Approval:	Date: