



**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.*

<b>1. Description of goods/services to be acquired:</b>
<b>2. Explanation of the need for/requirement placed on the university to acquire the goods/services:</b>
<b>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:</b>
<b>4. Other pertinent information:</b>

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.

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