

Sole Source Justification

Complete this form for purchases of goods and/or services (including PSC and Construction) exceeding the competitive threshold when a sole source is identified. Furnish all necessary details below and verify all information to ensure accuracy. Attach form and all remaining supporting documentation to a requisition as outlined in the [Sole Source Procurements Procedure](#) for review and approval. Sole Source Justifications become a permanent record of the purchase audit file.

Supplier Contact Email Address	
Supplier Web Site Address (if available)	

Product/Service Information

Identify item(s) or service(s) to be approved as sole source:

State relevance of purchase to your mission/purpose, research or study:

Specify Manufacturer/Service Provider Name:

Will the Supplier come onsite to install goods/perform services? Yes No

Sole Source Type

Select the applicable sole source type and complete the required fields. If additional information is needed, add as an ~~attachment~~ to this form.

Patented Technology

Supplier must provide US or Foreign Patent number and supporting information

Patent Number(s)	
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A. Explain how patent is related to research being conducted.

B. Explain how research and patented technology are related.



Continuity of Research

Department must provide a thorough justification to explain needs and why the competitive process cannot be followed.

Compatibility with Existing Goods/Services

Supplier must confirm only their items (no other similar items from another supplier) will provide for compatibility with existing LSU property.

Grant/State Requirement

Department must provide grant/state document indicating the item or services must be purchased from sole source supplier. Note: Budgetary Justifications/Quotes in grant proposal are not sufficient items to indicate granting agency approval. If Federal/Fund documents **must** clearly state goods and/or services will be noncompetitively purchased from specified supplier.

Federal Grant State Grant Specify Grant Number: _____

Specify LSU Property Information

Required if Continuity of Research or Compatibility with Existing Goods/Services types selected.

LSU property tag information (if applicable)	
LSU Location Building Name	
LSU Location Room Number	

Conflict of Interest Attestation

As the Requester (the responsible individual requesting this purchase; for grants, this would be the ~~PI~~/~~CD~~ documented designee) of this potential purchase, I declare the need for this supplier and attest that:

I ~~do not~~ (nor does a member of my immediate family or ~~partner~~):

- have a family relationship or business affiliation with the proposed supplier
- have a financial or other interest, or tangible personal benefit from, the proposed procurement transaction.

I ~~do~~ (or a member of my immediate family or ~~partner~~ does):

- have a family relationship or business affiliation with the proposed supplier
- have a financial or other interest, or tangible personal benefit from, the proposed procurement transaction.

By signing below, I hereby declare the information ~~provided~~ herein to be true and accurate to the best of my knowledge. I understand any false or misleading information may be considered a violation and can subject me to prosecution and penalty under Louisiana ~~Regulations~~ ~~Statutes~~.