

PROPOSED VENDOR INFORMATION:				REQUESTOR INFORMATION:		
NAME:				NAME:		
ADDRESS:				DEPARTMENT:		
PHONE:				PHONE:		
DESCRIPTION OF GOODS OR SERVICES:						
		Please answer the	e following questic	ons:		
1.		services requested available fro why is this vendor preferred?	m different vendor	rs, but the proposed v	rendor is	
2.	Was an evaluatio	n conducted between different v	vendors to select th	e proposed vendor?		
3.	Do the specification to meet the programme	ions for goods or services represeam's needs?	sent the required sp	pecifications or desira	able specifications	

4.	What research was conducted to determine that the proposed vendor is a sole source? Include backup documentation such as internet searches, trade magazine articles, resumes or curriculum vitae, e-mail conversations, or other evidence supporting the sole source.			
5.	If your proposed vendor went out of business, how would the need for these goods or services be met to continue the program?			
PROCUREMENT & CONTRACT SERVICES INTERNAL USE ONLY Pursuant to Oregon Institute of Technology Policy Section 580-062-0020(9), it has been determined that due to special needs or qualifications, only the proposed vendor identified in this Sole Source Request Form is reasonably available to provide the personal or professional services or goods or services described herein.				
	nn A. Harman, MBA, CGMA, CMPE, ce President Finance and Administration			

Please submit this completed Sole Source Request Form and all supporting documentation to Procurement & Contract Services via its FACTS Ticketing System.

Incomplete or partial responses may result in approval delays and are subject to return.