

Instructions

- Complete this form for purchases using **sole source** (single quote) from all suppliers that are not a University Preferred Supplier (listed in the [University Buying Guide](#)) ≥ \$10,000 (goods, services, professional services, and consulting). (A University Preferred Supplier is a supplier with whom the Procurement Department has established a special arrangement to maximize the purchasing power of the University and reduce the overall cost of goods and services by establishing a University-wide master contract. These arrangements offer numerous features and provide an overall best value for the University. Departments utilizing contracts with Preferred Suppliers, as long as the contract is still in effect, are exempt from participating in the competitive bidding process.)
 - For **comparative pricing** (multiple quotes) purchases, complete [Form 3201 FR.05 Pricing Documentation \(Comparative Pricing & Competitive Bidding\)](#).
- Complete Sections 1, 2, and 3 for **all** purchases using sole source.
- Complete Section 4 for purchases of professional services **only**.
- You may also complete this form to obtain OSP approval for professional services agreements < \$10,000 funded by sponsored awards. In such instances, you need only complete Section 4.
- The Requester must sign the Certification at the end of the form.
- Attach the completed form (including OSP approval, if required) in Workday to the purchase requisition.

Section 1 – Sole Source (single quote) Justification	
Supplier name:	
The Requester must identify what unique technical or operational capabilities the supplier possesses that exempt this purchase from the competitive bidding process. Please check <u>all</u> applicable boxes and, in the text box below, provide a detailed explanation/description of the selected capabilities.	
<input type="checkbox"/> Supplier owns a proprietary process or license <input type="checkbox"/> Item requires compatibility with existing equipment or services <input type="checkbox"/> Supplier is a designated exclusive distributor for this product or service <input type="checkbox"/> Supplier maintains consistency of products during research testing <input type="checkbox"/> Supplier is the only one who can meet the required tolerance and/or timeline	<input type="checkbox"/> Start-up and orientation for new supplier is not cost effective given requirements <input type="checkbox"/> The Federal awarding agency or pass-through entity expressly authorized noncompetitive proposals in response to Yale's written request <input type="checkbox"/> Other (<i>explain</i>): _____
Please explain below why only one supplier quote was obtained for this requirement:	

Section 2 – Price Reasonableness	
Select one or more of the following statements to indicate that the bid price was fair and reasonable:	
<input type="checkbox"/> The quoted price(s) incorporate(s) discounts not available to the general public and reflect substantial savings. Attach contract or list price and discount. <input type="checkbox"/> The quoted price(s) compare(s) favorably to previous prices paid for the same or similar items. Attach previous invoice or PO. <input type="checkbox"/> The quoted price(s) compare(s) favorably to in-house estimates (e.g., University Information Systems, Yale Printing and Publication Services, etc.) for similar items. Attach estimate.	<input type="checkbox"/> The supplier has stated that the quoted price(s) is/are no greater than those charged to the supplier's most favored customer. Attach documentation from supplier. <input type="checkbox"/> The price(s) was/were obtained from a current catalogue or standard printed price list. Attach screen shot or other evidence of catalog or price list pricing. <input type="checkbox"/> Other (<i>explain</i>): _____
If the price cannot be shown to be reasonable, contact purchasing to discuss price negotiation.	

Section 3 – Conflict of Interest Attestation

As the Requester (the responsible individual requesting the purchase; for sponsored awards, this would be the PI/Co-PI or documented designee) of this potential purchase, I declare the need for this supplier and attest that: (choose one below)

<input type="checkbox"/> I <u>do not</u> (nor does a member of my immediate family or partner): <ul style="list-style-type: none"> • have a family relationship or business affiliation with the proposed supplier; or • have a financial or other interest, or a tangible personal benefit from, the proposed procurement transaction. 	<input type="checkbox"/> I <u>do</u> (or a member of my immediate family or partner does): <ul style="list-style-type: none"> • have a family relationship or business affiliation with the proposed supplier; or • have a financial or other interest, or a tangible personal benefit from, the proposed procurement transaction.
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Section 4 – Information for Professional Services and Consulting Agreements (“PSCA”) only

<p>Section 4(I)</p> <p>Will the PSCA be funded by a sponsored award?</p> <p>Select <u>one</u> (required):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Section 4(II)</p> <p>If Yes, choose <u>ALL</u> that apply:</p> <p><input type="checkbox"/> PSCA exceeds \$10,000;</p> <p><input type="checkbox"/> Consultant is responsible for the design, conduct, or reporting of the research;</p> <p><input type="checkbox"/> Scope of Work involves human and/or animal subjects.</p>	<p>Section 4(III)</p> <p>If Yes in 4(I) <u>and</u> one or more boxes checked in 4(II), complete the information below:</p> <p>IRES PT Number: _____</p> <p>Select appropriate OSP team (Search by Department):</p> <p><input type="checkbox"/> GCAT 1 <input type="checkbox"/> GCAT 2 <input type="checkbox"/> GCAT 3 <input type="checkbox"/> GCAT 4 <input type="checkbox"/> GCAT 5</p>
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Office of Sponsored Projects Approval – for PSCA only

If Section 4(I) is **Yes AND** one or more conditions in Section 4(II) were selected, the appropriate Office of Sponsored Projects Authorized Official must approve, sign, and date this document. Please forward accordingly.

Authorized OSP Signature:	Date:
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Once OSP approves or rejects this request, OSP returns this form to the Initiator.

Requester* Signature

*** The Requester is the responsible individual requesting the purchase. For sponsored awards, the responsible individual would be the PI/Co-PI or documented designee.**

Certification: By signing and dating below, I certify that I am the individual requesting the purchase described in this form and that the information provided on this form is complete and accurate to the best of my knowledge.

Requester Name (print):	
Requester Signature:	Date: