**Section I – Procurement Details**

|  |  |
| --- | --- |
| Country Program or Region:       | Date:       |
| Name of Requestor       | Position:       |
| Project Title:       | DSPN:       |
| Type of Good or Service:       | Sole-Source:       |
| Price: $        | Price is: [ ]  Actual or [ ]  Estimated |
| Provide a detailed description of the good or service required:        |
| **Term:** |
| [ ]  One-Time Only and/or [ ]  Term Contract If term contract then Proposed Contact Begin Date:       Proposed Contract End Date:       |
| **Future Obligations:**Will this procurement obligate CRS to this supplier for future purchases such as maintenance, licensing or continuing need? [ ]  Yes or [ ]  No | If yes, please provide details regarding future obligations and/or needs:       |
| **Past Procurement:** |
| Has HQ, Country Program, or Region procured this type of good or service in the past? [x]  Yes or [ ]  No  |
| If yes then please provide the following details on the last three procurements: |
| Procurements | From: | To: | Value | Description: |
| One |       |       | $       |       |
| Two |       |       | $       |       |
| Three |       |       | $       |       |
| **Section II – Analysis and Justification** |
| **Which type of sole-source is this?** | [ ]  **Emergency:** there is not enough time to obtain additional quotes to compare, and this source should be able to meet our immediate needs.[ ]  **Limited providers:** there is only one provider available at this moment for this good or service in the local market. | [ ]  **Restricted market:** there is only one provider that is allowed to provide this good or service according to local authorities. |
| **International Markets:**Can Global Procurement in Baltimore procure this item [ ]  Yes [ ]  No  | If no, please provide an explanation:       |
| **Unique Qualifications:**What are the unique qualifications of the supplier identified?       |
| **Substitution Option:**Were alternative goods or services evaluated? [ ]  Yes or [ ]  No

|  |  |
| --- | --- |
|  |  |

 | If yes, what were they and why were they unacceptable?       |
| If no, why were alternatives not evaluated?       |
| **Price:**What efforts were made to get the best possible price?       | Why is the price for this procurement considered to be fair and reasonable?       |
| In your opinion why should this sole-source request be authorized?       |
| I know and understand the contents of this **Sole-Source Justification Form,** and I attest that all statements are true and correct and that the fairness and reasonableness of the price was adequately confirmed.  |
|  |
|  |
|       |  |       |  |       |
| Requestor’s Signature |  | Printed Name |  | Date |
|  |
|

|  |
| --- |
| **Section III – Review and Authorization** |
|  |
| [ ]  | Based on my review, I authorize to proceed with this sole-source procurement. |
|  |  |
| [ ]  | Based on my review, I authorize to proceed with this sole-source procurement with the following observations:       |
|  |  |
| [ ]  | Based on my review, I postpone decision pending the following changes or clarifications:       |
|  |  |

 |
|

|  |  |
| --- | --- |
| [ ]  | Based on my review, this sole-source procurement is not authorized to proceed as presented, and my recommendation is that it be cancelled for the following reasons:       |

 |
|  |
|  |
|       |  |       |  |      |
| CRS Budget Holder for DSPN Official’s Signature  |  | Printed Name |  | Date |