**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?  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. | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | |
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| CRS Budget Holder for DSPN Official’s Signature | | | |  | | Printed Name | | | | |  | Date | |