

# SOLE SOURCE AUTHORIZATION FORM

Date: \_\_\_\_\_ Vendor: \_\_\_\_\_

\_\_\_ Emergency - When there exists a threat to public health, welfare, of safety under emergency conditions or a threat of loss of City property. - Explain emergency.

\_\_\_\_\_  
\_\_\_\_\_

Is the vendor or has the vendor ever been an employee of the City of Lawrence?  
Yes \_\_\_ No \_\_\_ If yes, please explain the nature of the employment and period of service.

\_\_\_\_\_

**IF THIS IS AN EMERGENCY PURCHASE THE REMAINDER OF THE FORM DOES NOT NEED TO BE COMPLETED**

1. Item or service being purchased: \_\_\_\_\_

\_\_\_\_\_

2. Explain why the recommended vendor is the only one qualified to provide the requested services at the exclusion of all others, i.e., what makes this vendor uniquely qualified?

\_\_\_ OEM Parts, \_\_\_\_\_ Under Contractual Agreement

\_\_\_ To Match or Maintain Uniformity \_\_\_\_\_ Compatibility of Equipment

\_\_\_ Trial Use or Testing \_\_\_\_\_ No Other Provider Available

\_\_\_ Cooperative Purchase Name Contract \_\_\_\_\_

3. Describe the research that has been completed to ensure that no other competition exists (nature of work to be completed, names of vendors contacted who are unable to perform service, etc, at least three vendors):

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