



**Procurement and Business Services
Exclusive Acquisition Justification Form**
(for Noncompetitive Purchases over \$15,000)

The competitive bidding process is the foundation of government purchasing. In rare situations though, due to the unique nature of some goods and services, competition may not be possible. It is the responsibility of Procurement to verify that competition is not required and that the acquisition will result in “best value” for the institution in compliance with Tex. Educ. Code §51.9335(b).

In order to make this determination, the Procurement Contracting Specialist must understand the unique characteristic(s) of the good or service. This form is designed to assist faculty and staff in communicating the required information to Procurement.

Please answer the questions below as completely as possible. Additional pages may be attached, if more space or additional documentation is needed. Please complete and email to our departmental buyer.

GENERAL INFORMATION

Requisition #:	
-----------------------	--

Estimated Dollar Amount:	
---------------------------------	--

CONTACT INFORMATION

Department Information	
Department:	
Contact Name:	
Phone:	
Email:	

Supplier Information	
Supplier Name:	
Contact Name:	
Phone:	
Email:	

GOODS/SERVICES INFORMATION – Also Complete EITHER Section A *OR* Section B on the next page based on the type of justification requested

Product Make/Model or Service:	
Description of Request: <i>Describe the good or service to be procured and how it meets your needs</i>	

CONFLICT OF INTEREST STATEMENT

I, _____, the undersigned, hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein. I am acting on my own accord and am not acting under duress. I am not currently employed by, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with this supplier in return for favorable consideration of this request. Reference [HOP 01-402 Conflicts of Interest, Conflicts of Commitment, and Outside Activities](#).

Signature: _____
Primary User

Signature: _____
*Dean/Chair/Director**

Date: _____

Printed Name: _____
*Dean/Chair/Director**

*Departmental Approval should be senior to the Primary User.

By signing above, the department certifies that the information submitted on this form has been reviewed and this purchase has Departmental approval. **The final determination of approval shall be made by Procurement.**

(Note: Government Code Chapter 572, Subchapter C, Sec. 572.069 – CERTAIN EMPLOYMENT FOR FORMER STATE OFFICER OR EMPLOYEE RESTRICTED. A former state officer or employee of a state agency who during the period of state service or employment participated on behalf of a state agency in a procurement or contract negotiation involving a person may not accept employment from that person before the second anniversary of the date the contract is signed or the procurement is terminated or withdrawn.)

Added by Acts 2015, 84th Leg., R.S., Ch. 326 (S.B. 20), Sec. 4, eff. September 1, 2015. Acts 2017, 85th Leg., R.S., Ch. 556 (S.B. 533), Sec. 1, eff. September 1, 2017.

SECTION A. PROPRIETARY AND BEST VALUE JUSTIFICATION

Only known supplier that meets your "definition of scope" or the single supplier that meets the best value criteria set out in Texas Education Code 51.9335(b)

<p>SPECIAL USE REQUIREMENTS <i>(equipment only)</i></p> <p><i>To be compatible with existing Equipment</i></p> <p><i>For the repair, maintenance or modification of existing equipment</i></p> <p><i>For use as a spare or replacement equipment</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>REQUIRED FEATURES <i>List the specific feature(s) or characteristic(s) that are REQUIRED which are unique to the good or service provided by this supplier. Describe the importance of the unique feature(s) as it applies to the intended use and project goals. Describe how the selected supplier meets these requirements.</i></p>	
<p>EVALUATION OF OTHER SOURCES <i>Identify other sources that were evaluated (including the names, manufacturers, model numbers, etc.) and the reason they were found to be unsatisfactory for the intended use or in meeting project goals. (Cost alone is not an acceptable and will require a solicitation process.)</i></p>	
<p>RISK ELEMENTS <i>Describe any substantial risks that could not be overcome if the product or service was procured from another supplier.</i></p>	

SECTION B. EMERGENCY JUSTIFICATION

A purchase for which delay would create a hazard to life, health, safety, welfare or property, or would cause undue additional cost.

<p>RISK ELEMENTS <i>State the financial or operational damage/risk that will occur if needs are not satisfied immediately. (You must provide specifics when explaining any loss or damage).</i></p>	
<p>SPECIAL CIRCUMSTANCES <i>State why the needs were not or could not be anticipated so that goods/services cannot be purchased following standard procedures.</i></p>	
<p>SUPPLIER SELECTION <i>State the reason and process used for selecting the supplier (attached quotes/proposals received from other sources, if applicable).</i></p>	

PROCUREMENT APPROVAL

To be completed by the Purchaser

DETERMINATION:

- Approved
- Not Approved

JUSTIFICATION FOR PROCUREMENT METHOD

Proprietary (Proprietary, OEM, Unique Specification, Direct Publication):

- Proprietary
- Original Equipment Manufacturer (OEM) Maintenance/Renewal
- Meets Unique Specification
- Direct Publication/OEM Software Renewal or Maintenance

Best Value (Compatibility, Continuity, Contractor/Grantor Requirement, Best Value):

- Compatibility with Existing Equipment
- Continuity of Service/Research
- Contractor/Grantor Requirements
- Training Requirements
- Best Value

Emergency Purchase

- Emergency Purchase:

RATIONALE FOR DETERMINATION/COMMENTS:

Signature: _____
(Contracting Specialist)

Date: _____

Signature: _____
(Associate Vice President Finance)

Date: _____