Appendix B

Platte County R-3 School District

Sole Source Justification Form

Instructions: Complete this form for all sole source purchases for amounts \$3,000 and over. Route form to the Purchasing Department for approval. You can email the form, send by school mail, scan, or fax to 858-5593. All sole source requests are subject to approval by the Purchasing Department.

| Request for Purchase Number: 24-0000-52009 | | | | |
|---|--|---|-------------------|----------------------------|
| Commodity/Service being purchased: TI FATS System Upgrade | | | | |
| Proposed Supplier: TI Training - Golden, CO | | | | |
| Requested by: Jeff Green Site/Department: NCC Date: 09/11/23 | | | | |
| Sole Source Justification prepared by: Brian Noller | | | | |
| A Sole Source Purchase must meet one of the following criteria: | | | | |
| \bigcirc | One-of-a-kind - The commodity or service has no competitive product AND IS | | | |
| • | Compatibility - | AVAILABLE FROM ONLY ONE SUPPLIER. The commodity or service must match existing brand of equipment for compatibility AND IS AVAILABLE FROM ONLY ONE VENDOR. | | |
| \bigcirc | Replacement part - | The commodity is a replacen equipment AND IS AVAILAB | nent part for a s | specific brand of existing |
| \bigcirc | Research continuity - | The commodity or service is needed to maintain research continuity AND IS AVAILABLE FROM ONLY ONE SUPPLIER. | | |
| \bigcirc | District standards - | The commodity or service mustandards AND IS AVAILABL | | |
| \bigcirc | Unique design - | The commodity or service must meet physical design or quality requirements AND IS AVAILABLE FROM ONLY ONE SUPPLIER. | | |
| 0 | Emergency - | URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disaster, etc. | | |
| II. | Provide details of this request including explanation of why only one source is reasonably available (attach separate sheet if necessary). | | | |
| III. | As Department Head/Principal, I hereby certify that the above justification is accurate and complete to the best of my knowledge and belief. | | | |
| Approval: 09/11/23 | | | | |
| Signature of Department Head or Principal | | | | Date |
| | | | 0 | 9/11/23 |
| Purchasing Approval Date | | | | |