Exclusive Acquisition Justification (EAJ) Form Instructions

Most purchases at The University of Texas at Austin are made on a competitive basis. However, there may be times when competition does not exist or it is in the university’s best interest to use a particular product or service. Since these purchases eliminate competition, the university requires that justification be submitted with any purchase where only one supplier is being considered for requests that exceed $5,000. The following are guidelines for completing the EAJ form.

GENERAL INFORMATION

- Enter today’s date and the estimated dollar value of the purchase. The value must include all costs associated with the purchase including any renewal option costs.
- Check the box next to the anticipated contract type: business contract or purchase order (PO). If a PO, also enter the document ID associated with the purchase requisition.

CONTACT INFORMATION

- Enter the appropriate department and supplier contact information. For department name, indicate the name of the specific department or unit requesting the purchase.

TYPE OF JUSTIFICATION

- Based on the product or service being purchased, check the appropriate box next to the type of justification for this purchase. Only one box may be selected in this section.
  Note: Within the justification description it indicates what sections of the form need to be completed.

SECTION A – GOODS/SERVICES INFORMATION (this section must always be completed)

- Product Make/Model or Service – Enter the product or service brand name, product make/model, or descriptive title of the product or service being purchased (if appropriate)
- Description of Request – Enter a brief description about the product or service being purchased and how it meets your needs.

Note: Both the Exclusive Acquisition Justification Form Template for Original Equipment Manufacturer (OEM) for Maintenance and Repair and the Exclusive Acquisition Justification Form Template for Software Maintenance Agreement with Original Licensors forms have required information entered in Section A that must not be changed. Additional information may be included in this section, but it is not required.

SECTION B – PROPRIETARY AND BEST VALUE JUSTIFICATION
• Special Use Requirements – When purchasing or servicing equipment, indicate Yes or No next to the listed special use requirements.

• Required Features – List and describe the required features or qualifications that are unique to the good or service that is being provided by the supplier. Explain why these features are required to fulfill the project or program goals and how the requested supplier meets these needs.

• Evaluation of Other Sources – List the names of the other products or suppliers that were considered and indicate how they were unable to meet the requirements listed in the “Required Features” section.

• Risk Elements - Explain how the project or program would be negatively impacted if required to purchase from one of the other evaluated sources or if unable to use the requested supplier.

Note: Both the Exclusive Acquisition Justification Form Template for Original Equipment Manufacturer (OEM) for Maintenance and Repair and the Exclusive Acquisition Justification Form Template for Software Maintenance Agreement with Original Licensors forms have required information entered in Section A that must not be changed. Additional information may be included in this section, but it is not required.

SECTION C – EMERGENCY JUSTIFICATION

• Risk Elements – Explain what difficulty, damage, or risk would occur if unable to procure the product or service immediately.

• Special Circumstances – Explain why the needs could not be foreseen or anticipated so that goods/services could not be purchased following standard procedures.

• Supplier Selection – State the reason and process used for selecting the supplier and attach quotes/proposal received from other sources, if other suppliers were contacted.

• Check the box next to the authorization type required by the supplier to provide the goods/services.

SECTION D – PROFESSIONAL SERVICES JUSTIFICATION

• Supplier Selection – Explain what requirements or criteria were used to identify a pool of qualified suppliers to perform these services.

• Reason for Selection – List the specific qualifications used in selecting the requested supplier.

CONFLICT OF INTEREST STATEMENT

• The primary user (end user) of the product or service must type his or her name, title, the date, and sign where indicated.
DEPARTMENTAL APPROVAL – DEAN/CHAIR/BUSINESS OFFICER
• This section must be completed by a person who is senior to the primary user, such as a dean, department head, or business officer in the primary user’s department. This signor must type his or her name, title, today’s date, and sign where indicated.

PROCUREMENT APPROVAL – TO BE FILLED OUT BY PURCHASING
• This section is completed by the Purchasing Office prior to issuing the PO or forwarding the approved EAU form to business contracts.
EXCLUSIVE ACQUISITION JUSTIFICATION FORM
Template for Original Equipment Manufacturer (OEM) for Maintenance and Repair
(For Noncompetitive Purchases Over $5000)

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 the Purchasing Office to verify that competition is not required and that the acquisition will result in "best value" for the institution in compliance with Texas Education Code §51.9335(b).

In order to make this determination, the Purchasing Office buyer 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 Purchasing.

Answer the questions below as completely as possible. Information on the form must be typed and alterations to the form will not be accepted. Completed forms must be emailed to the department's Purchasing Office buying team.

GENERAL INFORMATION

Today's Date: [ ]
Estimated Dollar Amount: [ ]

Select anticipated contract type:
☐ Business Contract
☐ Purchase Order (PO)

Document ID #: [ ]

CONTACT INFORMATION

DEPARTMENT INFORMATION

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Supplier Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Campus Phone:</th>
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</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
</tr>
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</table>

SUPPLIER INFORMATION

<table>
<thead>
<tr>
<th>Contact Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
</tr>
</thead>
</table>

TYPE OF JUSTIFICATION

Proprietary and Best Value: (as defined in Texas Government Code 2155.067, Education Code Section 74.008, Section b)
☒ Only known supplier that meets your “definition of scope.” (Complete sections A and B.)

Emergency: (as defined in Texas Government Code 2155.086, Section c)
☐ A purchase for which delay would create a hazard to life, health, safety, welfare or property. (Complete sections A and C.)

Professional Services: (as defined in Texas Government Code 2254.002, e.a. Architects, Engineers, RNs, CPAs, Physicians, Land Surveyor, etc.)
☐ Designated professional for which competitive bidding is not permitted. Note: To be used only when professional service providers have not been pre-qualified. (Complete sections A and D.)
### SECTION A - GOODS/SERVICES INFORMATION

<table>
<thead>
<tr>
<th>PRODUCT MAKE/MODEL OR SERVICE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION OF REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the good or service to be procured and how it meets your needs.</td>
</tr>
<tr>
<td>OEM – This purchase is for maintenance/service to current equipment.</td>
</tr>
</tbody>
</table>

### SECTION B - PROPRIETARY AND BEST VALUE JUSTIFICATION

<table>
<thead>
<tr>
<th>SPECIAL USE REQUIREMENTS (equipment only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be compatible with existing equipment:</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>For the repair, maintenance, or modification of existing equipment:</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>For use as spare or replacement equipment:</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>REQUIRED FEATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>To maintain warranty and integrity of equipment, all maintenance work should be performed by the manufacturer/authorized representative.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVALUATION OF OTHER SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. (Attach copies of any quotes collected from other suppliers, if applicable.)</td>
</tr>
<tr>
<td>Per the manufacturer, no other company is qualified to perform this work.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RISK ELEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe any substantial risks that could not be overcome if the product or service was procured from another supplier.</td>
</tr>
<tr>
<td>Maintenance/service performed by someone other than the manufacturer/authorized representative may void any warranties in place and may result in equipment not functioning to factory specifications.</td>
</tr>
</tbody>
</table>
### SECTION C – EMERGENCY JUSTIFICATION

<table>
<thead>
<tr>
<th>RISK ELEMENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>SPECIAL CIRCUMSTANCES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State why the needs were not or could not be anticipated so that goods/services cannot be purchased following standard procedures.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPLIER SELECTION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State the reason and process used for selecting the supplier. (Attach quotes/proposals received from other sources, if applicable.)</td>
<td></td>
</tr>
</tbody>
</table>

In order to provide the required goods/services the supplier (check one):

☑ Requires a physical PO
  - The department must create a POINT Plus PB4 requisition document and submit an Exclusive Acquisition Justification Form to the Purchasing Office.
  - The department contacts their Purchasing Office buyer team to expedite requisition processing.
  - Purchasing Office buyer issues the PO to the supplier.
  - Payment is made on a *DEFINE VP1 payment voucher.

☐ Requires a verbal PO
  - The department must submit an Exclusive Acquisition Justification Form to the Purchasing Office.
  - Purchasing Office buyer provides an emergency PO number to the department.
  - The department provides the emergency PO to the supplier.
  - Payment is made on a *DEFINE VP2 payment voucher.

☑ Requires verbal approval from requesting department (no PO)
  - In the case where there is an immediate threat to The University of Texas at Austin and a supplier is on hand or can quickly mobilize to perform needed repairs (or the emergency occurs after normal business hours), the requesting department can give the go ahead for the supplier to start work.
  - The department must submit an Exclusive Acquisition Justification Form to the Purchasing Office for review as soon as possible.
  - Payment is made on a *DEFINE VP2 payment voucher.

### SECTION D – PROFESSIONAL SERVICES JUSTIFICATION

<table>
<thead>
<tr>
<th>SUPPLIER SELECTION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria used to select the supplier for these services.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REASON FOR SELECTION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify specific qualifications of selected supplier.</td>
<td></td>
</tr>
</tbody>
</table>
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.

Signature: ____________________________  Date: ____________________________

(Primary User)

Title: ____________________________

(Note: Texas 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 officer's or employee's service or employment with the state agency ceased.)

DEPARTMENT APPROVAL – Dean/Chair/Business Officer*

By signing below, 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 the Purchasing Office.

Signature: ____________________________  Date: ____________________________

(Dean/Department Head/Business Officer)

Printed Name: ____________________________

(Dean/Department Head/Business Officer)

Title: ____________________________

*Departmental approver must be senior to the primary user.

(Note: Texas 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 officer's or employee's service or employment with the state agency ceased.)
Determination:

___ Approved
___ Not Approved

Justification for Procurement Method:

Proprietary

___ Proprietary (i.e. Pharmaceuticals, Chemical Reagents)
___ Original Equipment Manufacturer (OEM) Maintenance/Renewal
___ Meets Unique Specification
___ Direct Publication/OEM Software Renewal or Maintenance

Best Value

___ Compatibility with Existing Equipment
___ Continuity of Service/Research
___ Contractor/Grantor Requirement
___ Best Value

Emergency Purchase

___ Emergency Purchase Emergency PO Number: ________________

Professional Services

___ Professional Services

Rationale for determination/comments:

☐ Signature: ____________________________ Date: __________

(Buyer)

☐ Signature: ____________________________ Date: __________

(Senior Buyer - up to $100,000)

☐ Signature: ____________________________ Date: __________

(Purchasing Management – $100,000 - $250,000)

☐ Signature: ____________________________ Date: __________

(Director of Purchasing – $250,000 - $1,000,000)

☐ Signature: ____________________________ Date: __________

(EVP & Chief Financial Officer - over $1,000,000)
EXCLUSIVE ACQUISITION JUSTIFICATION FORM
Template for Software Maintenance Agreement with Original Licensor
(For Noncompetitive Purchases Over $5000)

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 the Purchasing Office to verify that competition is not required and that the acquisition will result in “best value” for the institution in compliance with Texas Education Code §51.9335(b).

In order to make this determination, the Purchasing Office buyer 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 Purchasing.

Answer the questions below as completely as possible. Information on the form must be typed and alterations to the form will not be accepted. Completed forms must be emailed to the department’s Purchasing Office buying team.

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<th>Today’s Date:</th>
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Select anticipated contract type:

- [ ] Business Contract
- [ ] Purchase Order (PO)

Document ID #:____________________

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TYPE OF JUSTIFICATION

**Proprietary and Best Value:** (as defined in Texas Government Code 2155.067, Education Code Section 74.008, Section b)

- [ ] Only known supplier that meets your “definition of scope.” (Complete sections A and B.)

**Emergency:** (as defined in Texas Government Code 2155.086, Section c)

- [ ] A purchase for which delay would create a hazard to life, health, safety, welfare or property. (Complete sections A and C.)

**Professional Services:** (as defined in Texas Government Code 2254.002, e.g. Architects, Engineers, RNs, CPAs, Physicians, Land Surveyor, etc.)

- [ ] Designated professional for which competitive bidding is not permitted. Note: To be used only when professional service providers have not been pre-qualified. (Complete sections A and D.)
**SECTION A - GOODS/SERVICES INFORMATION**

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<td></td>
<td>Describe the good or service to be procured and how it meets your needs.</td>
</tr>
<tr>
<td></td>
<td>OEM – This purchase is for required maintenance/service/license renewal for current software.</td>
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**SECTION B - PROPRIETARY AND BEST VALUE JUSTIFICATION**

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<td>To be compatible with existing equipment:</td>
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<td>For the repair, maintenance, or modification of existing equipment:</td>
<td>YES</td>
<td>NO</td>
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<td>For use as spare or replacement equipment:</td>
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<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To maintain integrity of our systems, software maintenance/licenses must be kept up to date and provided by the manufacturer/authorized representative.</td>
<td></td>
<td></td>
</tr>
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<table>
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<th>EVALUATION OF OTHER SOURCES</th>
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<tr>
<td>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. (Attach copies of any quotes collected from other suppliers, if applicable.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due to the technical complexity of this software, only licensee’s service personnel are trained and experienced in providing service and maintenance, including new releases and upgrades, of this software.</td>
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</tr>
</tbody>
</table>

<table>
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<tr>
<th>RISK ELEMENTS</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Describe any substantial risks that could not be overcome if the product or service was procured from another supplier.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The university could lose daily business and/or risk current security levels if systems are not functioning properly.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION C – EMERGENCY JUSTIFICATION

RISK ELEMENTS
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.)

SPECIAL CIRCUMSTANCES
State why the needs were not or could not be anticipated so that goods/services cannot be purchased following standard procedures.

SUPPLIER SELECTION
State the reason and process used for selecting the supplier. (Attach quotes/proposals received from other sources, if applicable.)

In order to provide the required goods/services the supplier (check one):

☐ Requires a physical PO
- The department must create a POINT Plus PB4 requisition document and submit an Exclusive Acquisition Justification Form to the Purchasing Office.
- The department contacts their Purchasing Office buyer team to expedite requisition processing.
- Purchasing Office buyer issues the PO to the supplier.
- Payment is made on a *DEFINE VP1 payment voucher.

☐ Requires a verbal PO
- The department must submit an Exclusive Acquisition Justification Form to the Purchasing Office.
- Purchasing Office buyer provides an emergency PO number to the department.
- The department provides the emergency PO to the supplier.
- Payment is made on a *DEFINE VP2 payment voucher.

☐ Requires verbal approval from requesting department (no PO)
- In the case where there is an immediate threat to The University of Texas at Austin and a supplier is on hand or can quickly mobilize to perform needed repairs (or the emergency occurs after normal business hours), the requesting department can give the go ahead for the supplier to start work.
- The department must submit an Exclusive Acquisition Justification Form to the Purchasing Office for review as soon as possible.
- Payment is made on a *DEFINE VP2 payment voucher.

SECTION D – PROFESSIONAL SERVICES JUSTIFICATION

SUPPLIER SELECTION
Criteria used to select the supplier for these services.

REASON FOR SELECTION
Identify specific qualifications of selected supplier.
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.

Signature: ________________________________ Date: __________________

(Primary User)

Title: ________________________________

(Note: Texas 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 officer’s or employee’s service or employment with the state agency ceased.)

DEPARTMENT APPROVAL – Dean/Chair/Business Officer*

By signing below, 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 the Purchasing Office.

Signature: ________________________________ Date: __________________

(Dean/Department Head/Business Officer)

Printed Name: ________________________________

(Dean/Department Head/Business Officer)

Title: ________________________________

*Departmental approver must be senior to the primary user.

(Note: Texas 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 officer’s or employee’s service or employment with the state agency ceased.)
PROCUREMENT APPROVAL – TO BE COMPLETED BY THE PURCHASING OFFICE

DETERMINATION:

□ Approved

□ Not Approved

JUSTIFICATION FOR PROCUREMENT METHOD:

Proprietary

□ Proprietary (i.e. Pharmaceuticals, Chemical Reagents)

□ Original Equipment Manufacturer (OEM) Maintenance/Renewal

□ Meets Unique Specification

□ Direct Publication/OEM Software Renewal or Maintenance

Best Value

□ Compatibility with Existing Equipment

□ Continuity of Service/Research

□ Contractor/Grantor Requirement

□ Best Value

Emergency Purchase

□ Emergency Purchase

Emergency PO Number: _________________________

Professional Services

□ Professional Services

Rationale for determination/comments:

☐ Signature: ___________________________  Date: __________

(Buyer)

☐ Signature: ___________________________  Date: __________

(Senior Buyer - up to $100,000)

☐ Signature: ___________________________  Date: __________

(Purchasing Management - $100,000 - $250,000)

☐ Signature: ___________________________  Date: __________

(Director of Purchasing - $250,000 - $1,000,000)

☐ Signature: ___________________________  Date: __________

(EVP & Chief Financial Officer - over $1,000,000)