EXCLUSIVE ACQUISITION JUSTIFICATION FORM
(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 Purchasing 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 Purchasing 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.

Please answer the questions below as completely as possible. Additional pages may be attached, if more space or additional documentation is needed. Requests must be typed.

### GENERAL INFORMATION

| Today’s Date: | Estimated Dollar Amount: |

Select anticipated contract type:

- [ ] Business Contract
- [ ] Purchase Order

Document ID #: __________________

### CONTACT INFORMATION

<table>
<thead>
<tr>
<th>DEPARTMENT INFORMATION</th>
<th>SUPPLIER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Supplier Name:</td>
</tr>
<tr>
<td>Department:</td>
<td>Contact Name:</td>
</tr>
<tr>
<td>Campus Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

### TYPE OF JUSTIFICATION

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

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

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

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

**Professional Services:** (as defined in 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) (Please complete sections A and D)
### SECTION A - GOODS/SERVICES INFORMATION

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

<table>
<thead>
<tr>
<th><strong>DESCRIPTION OF REQUEST</strong></th>
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<tbody>
<tr>
<td>Describe the good or service to be procured and how it meets your needs.</td>
</tr>
</tbody>
</table>

### SECTION B - PROPRIETARY AND BEST VALUE JUSTIFICATION

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

<table>
<thead>
<tr>
<th><strong>REQUIRED FEATURES</strong></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>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EVALUATION OF OTHER SOURCES</strong></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)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>RISK ELEMENTS</strong></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>
</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 Purchasing.
   • The department contacts their buyer team to expedite requisition processing.
   • Purchasing 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 Purchasing.
   • Purchasing 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 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 Purchasing for review as soon as possible.
   • Payment is made on a *DEFINE VP2 payment voucher.
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: 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 Purchasing.

Signature: __________________________ Date: __________________________

(Dean/Department Head/Business Officer)

Printed Name: __________________________

(Dean/Department Head/Business Officer)

Title: __________________________

*Departmental Approver should be senior to the Primary User.

(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 officer's or employee's service or employment with the state agency ceased.)
PROCUREMENT APPROVAL – TO BE FILLED OUT BY PURCHASING

DETERMINATION:

___ Approved
___ Not Approved

JUSTIFICATION FOR PROCUREMENT METHOD:

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

___ 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, Continuity, Contractor/Grantor Requirement, 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: __________________________
(Buyer) Date: ___________

☐ Signature: __________________________
(Senior Buyer - up to $100,000) Date: ___________

☐ Signature: __________________________
(Purchasing Management – $100,000 - $250,000) Date: ___________

☐ Signature: __________________________
(Director of Purchasing – $250,000 - $1,000,000) Date: ___________

☐ Signature: __________________________
(EVP & Chief Financial Officer - over $1,000,000) Date: ___________