

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 \$15,000. 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 Licensor](#) forms have required information entered in Section A. Enter the name and product or service details in the Product Make/Model or Service box.

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 Licensor](#) forms have required information entered in Section B.

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 signer 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 EAJ form to business contracts.

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 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:	
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Total value of PO or contract (including renewal options)

Select anticipated contract type:

Business Contract
 Purchase Order (PO)
 Document ID #: _____

CONTACT INFORMATION

DEPARTMENT INFORMATION		SUPPLIER INFORMATION	
Department Name:		Supplier Name:	
Contact Name:		Contact Name:	
Campus Phone:		Phone:	
Email Address:		Email Address:	

Check appropriate box (only one)

If PO, enter POINT Plus document number

Include department or unit (as appropriate)

TYPE OF JUSTIFICATION

Proprietary and Best Value: (as defined in *Texas Education Code 51.9335 b*)

Only known supplier that meets your "definition of scope." (Complete sections A and B.)

Emergency:

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 Surveyors, 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.)

Complete corresponding sections for type of justification

Check appropriate box (only one)

SECTION A - GOODS/SERVICES INFORMATION

Section A - must complete for every justification type

<p>PRODUCT MAKE/MODEL OR SERVICE</p>	
<p>DESCRIPTION OF REQUEST <i>Describe the good or service to be procured and how it meets your needs.</i></p>	

Enter name and general description of what is being purchased

SECTION B – PROPRIETARY AND BEST VALUE JUSTIFICATION

Section B - only complete for proprietary or best value purchases

<p>SPECIAL USE REQUIREMENTS (equipment only)</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 spare or replacement equipment:</i></p>	<p>Only complete if purchasing or servicing equipment</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p>
<p>REQUIRED FEATURES</p> <p><i>List the specific feature(s) or characteristic(s) that are <u>required</u>, 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>List unique and required features and why they are needed</p>
<p>EVALUATION OF OTHER SOURCES</p> <p><i>List other sources that were evaluated (including the names, manufacturers, model numbers, etc.) and state 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.)</i></p>	<p>List other items or sources considered and explain how they don't meet requirements</p>

<p>RISK ELEMENTS ←</p> <p><i>Describe any substantial risks that could not be overcome if the product or service was procured from another supplier.</i></p>	<p>← Explain how project would be harmed if unable to purchase item</p>
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SECTION C – EMERGENCY JUSTIFICATION ←

Section C - only complete for emergency purchases

<p>RISK ELEMENTS ←</p> <p><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>← Describe how the university would be harmed if purchase was delayed</p>
<p>SPECIAL CIRCUMSTANCES ←</p> <p><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>← Describe why the situation or problem wasn't anticipated</p>
<p>SUPPLIER SELECTION ←</p> <p><i>State the reason and process used for selecting the supplier. (Attach quotes/proposals received from other sources, if applicable.)</i></p>	<p>← Explain why this particular supplier was chosen</p>

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.

Based on situation, check the appropriate box (only one)

SECTION D – PROFESSIONAL SERVICES JUSTIFICATION

Section D - only complete for professional services

<p>SUPPLIER SELECTION</p> <p><i>Criteria used to select the supplier for these services.</i></p>	<p>List the criteria used to select suppliers</p>
<p>REASON FOR SELECTION</p> <p><i>Identify specific qualifications of selected supplier.</i></p>	<p>List specific qualifications used to select the requested supplier</p>

CONFLICT OF INTEREST STATEMENT

Completed and signed by the end user or interested party

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: _____
(Primary User)

Date: _____

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*

Completed and signed by appropriate person senior to primary user

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: _____
(Dean/Department Head/Business Officer)

Date: _____

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

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)

EXCLUSIVE ACQUISITION JUSTIFICATION FORM

(For Noncompetitive Purchases Over \$15,000)

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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:	
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Select anticipated contract type:

Business Contract

Purchase Order (PO)

Document ID #: _____

CONTACT INFORMATION

DEPARTMENT INFORMATION		SUPPLIER INFORMATION	
Department Name:		Supplier Name:	
Contact Name:		Contact Name:	
Campus Phone:		Phone:	
Email Address:		Email Address:	

TYPE OF JUSTIFICATION

Proprietary and Best Value: (as defined in *Texas Education Code 51.9335 b*)

Only known supplier that meets your "definition of scope." (Complete sections A and B.)

Emergency:

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 Surveyors, 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

PRODUCT MAKE/MODEL OR SERVICE	
DESCRIPTION OF REQUEST <i>Describe the good or service to be procured and how it meets your needs.</i>	

SECTION B – PROPRIETARY AND BEST VALUE JUSTIFICATION

SPECIAL USE REQUIREMENTS (equipment only) <i>To be compatible with existing equipment:</i> <i>For the repair, maintenance, or modification of existing equipment:</i> <i>For use as spare or replacement equipment:</i>	YES	NO	
	YES	NO	
	YES	NO	
REQUIRED FEATURES <i>List the specific feature(s) or characteristic(s) that are <u>required</u>, 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>			
EVALUATION OF OTHER SOURCES <i>List other sources that were evaluated (including the names, manufacturers, model numbers, etc.) and state 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.)</i>			

<p>RISK ELEMENTS</p> <p><i>Describe any substantial risks that could not be overcome if the product or service was procured from another supplier.</i></p>	
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SECTION C – EMERGENCY JUSTIFICATION

<p>RISK ELEMENTS</p> <p><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</p> <p><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</p> <p><i>State the reason and process used for selecting the supplier. (Attach quotes/proposals received from other sources, if applicable.)</i></p>	

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

<p>SUPPLIER SELECTION <i>Criteria used to select the supplier for these services.</i></p>	
<p>REASON FOR SELECTION <i>Identify specific qualifications of selected supplier.</i></p>	

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: John Smith
(Primary User)

Date: _____

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: Jane Miller
(Dean/Department Head/Business Officer)

Date: _____

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)