Amarillo College

PROCUREMENT JUSTIFICATION FORM

For use to obtain approval for:

Proprietary (Sole Source), Emergency, Professional Services and Best Value Purchases

Purpose: Due to the nature of certain goods and services, competition is not always possible or it would not result in the best value to the College. This form is designed to assist End Users in communicating to Procurement staff the necessary information, including the factors other than lowest price considered for selection of a contractor for purchases over $10,000. *This form must be typed.*

Business Process: Procurement staff will use this form to verify and confirm that the factors used to determine to purchasing method selected are in compliance with relevant policies and procedures, including Purchasing Authority SOS FA.1.16; Texas Education Code, §51.9335 (Best Value); Texas Government Code, §2155.067 (Proprietary Purchases); §2155.137 (Emergency Purchases); and §2254 (Professional Services).

GENERAL INFORMATION

Requisition #: _____ Date: _____

Requestor: _____

Department: _____

Email: _____

Phone: _____

Dept. Contact (*Admin*): _____

Email: _____

Phone: _____

Vendor: _____

Vendor Contact: _____

Email: _____

Phone: _____

Est. Amount: _____

Funding Source: _____

Account #(s): _____

SELECT A PURCHASE TYPE *(Mark with an "X")*

☐ **Proprietary** (Sole Source)
Tx. Gov't Code §2155.067
Product or service is only available for purchase through the specific identified vendor. These vendors are usually the manufacturer.

☐ **Emergency**
Tx. Gov't Code §2155.137
Required to prevent a hazard to life, health, safety, welfare, property or to avoid undue additional cost to the state.

☐ **Professional Services**
Tx. Gov't Code §2254
Ex: CPA, architect, surveyor, physician, optometrist, engineer, real estate appraiser, registered nurse. To be used when vendors have not been pre-qualified through an RFQ.

☐ **Best Value**
Tx. Ed. Code §51.9335
Decision based on multiple factors, inc. total cost of ownership, quality and reliability, vendor's past performance, delivery terms, and other relevant factors.

***For Proprietary and Best Value ONLY** (Mark with an "X"):*

Is this purchase required to be compatible with existing equipment? Y ____ N ____ N/A ____

Is this purchase required for repair or maintenance of existing equipment? Y ____ N ____ N/A ____

Describe the good or service to be procured:

On the following pages, complete the section(s) related to the Purchase Type selected above:

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COMPLETE THIS SECTION FOR PROPRIETARY (SOLE SOURCE) PURCHASES:

Identify the features or characteristics which are unique to the requested product(s).	
Briefly explain the need for the unique features or characteristics. (This explanation must address the critical importance of the unique or characteristics as it applies to its intended use and/or purpose in your operation.)	
Identify all other sources whose product(s) have been reviewed and why they are not satisfactory (Attach quotes/proposals received from other sources, if applicable)	
Describe any substantial risks that could not be overcome if the product or service was procured from another supplier.	

COMPLETE THIS SECTION FOR EMERGENCY PURCHASES:

Describe the nature of the emergency such as hazard to life, health, safety, welfare, or property or to avoid undue additional cost to the state, and what caused the emergency situation.	
Describe the reason and process used for selecting the supplier (Attach quotes/proposals received from other sources, if applicable).	
Describe the estimated impact or damage, financial or otherwise that will occur by following normal procurement practices. General statements of nominal loss or damage are not acceptable.	

Add additional pages as necessary.

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COMPLETE THIS SECTION FOR PROFESSIONAL SERVICES:

Describe the criteria used to select the vendor, including the specific qualifications which influenced your selection.	

COMPLETE THIS SECTION FOR BEST VALUE PURCHASES:

Describe in detail the Best Value factors considered.	

REQUIRED CERTIFICATION

I hereby certify that these 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.

Requestor's Name	Supervisor's Name (emergency, sole source and/or best value)
Requestor's Signature and Date	Supervisor Signature and Date

The final determination of approval shall be made by Purchasing.

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.

FOR PROCUREMENT OFFICE USE ONLY: Approved? Y ____ N ____ PO# ____

List justification notes, additional information not submitted by requestor, and rationale for determination.	

PROCUREMENT APPROVAL

Between $25K-$50K – Must be reported to the Board of Regents

Over $50K – REQUIRES BOARD APPROVAL PRIOR TO AWARD OF THE CONTRACT; IT DOES NOT MATTER FROM WHAT FUNDING SOURCE.

Buyer	
Director Procurement	
Vice President of Business Affairs	