

UNT SYSTEM™

EXCLUSIVE ACQUISITION JUSTIFICATION FORM

(For Noncompetitive Purchases Over \$15,000)

The University of North Texas System has an ethical and regulatory requirement to tender its expenditures to open competition. Therefore, a waiver cannot be used to avoid competition between suppliers or to discriminate against suppliers. 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 Procurement 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 Procurement Office must understand the unique characteristic(s) of the good or service being requested. This form is designed to assist faculty and staff in communicating the required information to the Procurement Office.

Please 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 submitted to the Procurement Office.

GENERAL INFORMATION

Today's Date:		Estimated Dollar Amount:	
---------------	--	--------------------------	--

Select anticipated commitment type:

Business Contract

Purchase Order (PO)

CONTACT INFORMATION

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

SECTION A - GOODS/SERVICES INFORMATION

**PRODUCT MAKE/
MODEL OR SERVICE**

**DESCRIPTION OF
REQUEST**

Describe the good or service to be procured and how it meets your business needs

Justification Type

Select from drop down menu

Purchase Type

Select from drop down menu

Emergency Justification

Explain why the needs were not or could not be anticipated so that goods/services could not be purchased following standard procedures. Also explain the any risks financial impact if this request is not approved.

Explain why the specifications for the product or service are written as they are, and why those specifications are necessary to accomplish the Department's goal for the procurement.

Explain why competing supplies and services (from other manufacturers) do not meet Department needs? Provide examples of technical, practical or operational risks that would occur if competing products or services are selected.

Please attach competitive quotes, analysis, emails or other supporting documentation. Attach this form (and all documentation) to a requisition. Once the completed form is received, the Procurement Office will review the documentation provided and determine whether the waiver is valid or if there are additional suppliers that may be able to provide the goods or services being requested.

The Procurement Office has sole discretion to approve or deny this form. The usual quote process will be conducted if the request is not approved.

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: _____
(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 ENDORSEMENT – Dean/AVP or Higher*

By signing below, the department certifies that the information submitted on this form has been reviewed and this purchase has departmental endorsement. The final determination of approval shall be made by the Purchasing Office.

Signature: _____
(Dean or AVP or higher)

Printed Name: _____
(Dean or AVP or higher)

Title: _____
(Dean or AVP or higher)

(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

Price Reasonable Check

- Govspend/other source

Rationale for determination/comments:

Signature: _____

(Procurement Office)