**Justification for Use of Sole Source Contracting Procedures**

1. Contact Information of Service Provider

Contact person:

Organization name:

Physical Address:

Email Address:

Phone Number:

1. Description of the item or service required:
2. Estimated cost:
3. Required delivery date/Period of Performance:
4. Exclusive Capability:
5. Efforts made to identify and consider additional sources:
6. Evaluation of past performance: If you have worked with this consultant or vendor in the past, please review their past performance:
7. Required documents: Please attach relevant information to support the information given above, such as: Scope of Work (consultants) / Technical Specifications (equipment/materials) / Job specification (individuals) / Organization information (organization).

Signed (Grantee)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Name / Title