



The rising STAR of Texas
MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Proprietary Justification Form

Form Use: When specifications limit consideration to only one brand, manufacturer, vendor, or provider and the award is expected to be **more than \$15,000**, this justification form is required. The value is determined by the total cost or revenue for the good or service over the life of the contract or purchase order, including any renewals or extension options.

For goods/services valued at \$15,000 to \$50,000, it is recommended that departments competitively solicit to at least three vendors, two of which should be certified HUB's from the State of Texas. Contact hub@txstate.edu for help identifying HUBs.

To make this determination, Procurement and Strategic Sourcing (P&SS) must understand the unique characteristic(s) of the good/service. This form is designed to assist in communicating the required information.

How to Submit Form: When complete, attach this form to your requisition or contract request. If you need assistance or would like this form reviewed before submitting, email to purchasing@txstate.edu.

Proprietary Definition: Specifications or conditions of the proposed procurement do not permit an equivalent product or service to be supplied.

Two Classifications: Sole Source or Competitive

Sole Source Definition: The specified product or service is only available for purchase through a single vendor e.g., manufacturer, publisher, service provider, software developer, etc. (Examples of sole source proprietary purchases include a back issue of a magazine available from only the publisher, an educational conference available from only the conference sponsor, and software purchased directly from the developer.)

Competitive Definition: The specified product or service is available for purchase through more than one vendor e.g., dealers, distributors, resellers, authorized service providers, etc. (Examples of competitive proprietary purchases include brand-specific replacement parts for equipment available through multiple OEM-authorized dealers and software that a software publisher makes available to the public through several resellers.)

GENERAL INFORMATION

Today's Date:	
Estimated Dollar Amount:	
Date Good/Service is Required:	
Requesting Department:	
Competitive or Sole Source:	

DEPT. CONTACT INFORMATION (Person to contact if P&SS has any inquiries)

Name:	
Phone Number:	
Email Address:	

VENDOR INFORMATION

Vendor Name:	
Vendor Contact:	
Vendor Phone:	
Vendor Email Address:	
Vendor Type:	<input type="checkbox"/> Service Provider <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor

PRODUCT MAKE/MODEL (If applicable)

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SPECIAL USE REQUIREMENTS (equipment only)

<i>To be compatible with existing equipment:</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>For the repair, maintenance, or modification of existing equipment:</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>For use as spare or replacement equipment:</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DESCRIPTION OF REQUEST

Describe in detail the good/service. Include a brief description of how the good/service will be used.

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UNIQUE FEATURES

List the specific feature(s) or characteristic(s) that are unique to the good/service. Describe the importance of the unique feature(s) as it applies to the intended use and project goals.

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RISK ELEMENTS

Describe any risks or added cost if procured from another vendor.

EVALUATION OF OTHER SOURCES

Identify other sources that were evaluated, if applicable, (including the names, manufacturers, model numbers, etc.) and the reason they were found to be unsatisfactory. (Attach copies of any quotes collected from other vendors)

OTHER

Provide any other information relevant to the proprietary nature of this good/service.

CONFLICT OF INTEREST/CONFLICT OF COMMITMENT STATEMENT

I 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 vendor in return for favorable consideration of this request. I also certify that I am not participating in activities outside of my employment which interfere with my official duties and responsibilities.

Printed Name: _____

Signature: _____ Date: _____

DEPARTMENT APPROVAL – Dean/Director/Business Manager

By signing below, the department certifies that the information submitted on this form is true and correct. The final determination of approval shall be made by P&SS.

Signature: _____ Date: _____
Dean/Director/Business Manager

JUSTIFICATION DETERMINATION – P&SS USE ONLY

DETERMINATION:

Approved

Not Approved

Justification for determination/comments:

Signature: _____
P&SS Management Signature

Date: _____