ATTACHMENT A AG-602

SOLE-SOURCE/ PROPRIETARY JUSTIFICATION FOR SERVICES

This questionnaire has been designed to assist faculty and staff in providing information necessary in the processing of requests for a sole-source or proprietary purchase of services. Please complete and forward to the Unit Purchaser. If more space is needed, please attach additional page(s).

PO or Certified Purchasing Request No.:_____

1. **Identify the special and/or unique qualifications of the individual/company and the reason such qualifications are necessary in the performance of the project requirements:**

   _____
   _____
   _____
   _____

2. **Identify all other sources that have been considered for this project and why they were found unsatisfactory (Attach any quotes/proposals received from other sources, if applicable):**

   _____
   _____
   _____
   _____

Your signature below insures that:

- No employee/employer relationship exists.
- The payment for services is within the range of competitive market wage scales for like services.
- This contractor is not related to anyone who has authority over the contract and/or is not an employee of any other TAMUS Component or State Agency.
- You certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for a sole-source or proprietary procurement.
- If an individual or sole-proprietor, please complete and attached the Employee/Independent Contractor Verification Form

Submitted By: _____ _____
Printed/typed name & title Department

_____ _____ _____
Authorized Signature Date Phone No.

Approved By: Date: _____

_____ _____
Department Head Director of Purchasing Services

Form to be submitted with your requests. Both signatures are required for purchases $5000 and up.