NEW YORK STATE | Division of Criminal Justice Services

OPDF Sole Source or Single Source Exemption Request Form

1. Applicant/Grantee Name:

2. Applicant/Grantee Address:

3. Subcontractor/Supplier/Vendor Name:

4. Date of Request: **5: Contract Number:**   **6. Project ID Number:**

7. Contract Amount: **8. Contract Period:**   **9. Exemption Amount:**

10. Contact Name/Title:

11. E-mail Address: **12. Phone Number:**

13. Exemption Requested (check the appropriate box) :   **Sole Source**   **Single Source**

Note: Sole source is defined as a procurement in which only one Subcontractor/Supplier is capable of supplying the required product or service. Single source is defined as a procurement in which although two or more Subcontractors/Suppliers can supply the required commodity or service, the Applicant/Grantee can provide substantial justification to award to a Subcontractor/Supplier over the other(s).

Complete the following fields below as succinctly as possible.

14.Provide a brief description of the program, including the contracted purpose and objective:

15. Explain the circumstances detailing why it is necessary to contract non-competitively, including the expertise, experience, and knowledge of the subcontractor/supplier, including alternatives considered:

16. Detail any time constraints anticipated with selecting another subcontractor/supplier, including the impact on the program, both programmatically and fiscally:

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17. Detail the uniqueness of the subcontractor/supplier and how its services and/or commodities will benefit the contracted program:

18. Provide a justification detailing reasonableness of cost (i.e. similar costs for similar services in the region, continuation of current services at not increase in cost, etc.):

19. Provide any other details deemed necessary to substantiate this request:

Certification

20. I certify to the best of my knowledge that the utilization of this subcontractor/supplier is in the best interests of my organization.

21. Certified by: **22. Date:**

Note: Sole Source or Single Source Exemption will not be approved without a grantee certification.

PSGR: **Date:**   **Approved   Denied**

Reviewer Comments:

**** PSGR please attach a copy of the approved form in the shared drive P:\DCJS\OPDF\AllShared\Sole-Single Source Exemption Requests****