
**UNIVERSITY OF HAWAI'I
REQUEST FOR SOLE SOURCE**

To: _____ **Date:** _____
Name of Fiscal Administrator

From: _____ **Email Address:** _____
Name of Principal Investigator, Department Head, Administrator

Department: _____

Vendor/Contractor: _____

Amount: _____

Term of Contract, if applicable: _____

Prior Sole Source Reference, if any: _____

Statement:

Sole Source procurement is provided for in the University Administrative Procedures 8.255 (goods and services) and 8.281 (construction), when there is only one source for the required goods, services or construction. Pursuant to the University Administrative Procedures and consistent with Hawai'i Revised Statutes §103D-306 and Hawai'i Administrative Rules Chapter 3-122, Subchapter 9, the department requests sole source approval to purchase the following (attach additional sheets as necessary):

1. Description of the goods, services, or construction to be procured:

2. Describe in detail the following:

- A. Why there is only one source for the desired goods, services, or construction and include any unique features, characteristics, or capabilities of the goods, service, or construction. Include an affirmation that the desired goods, services, or construction are only available from the vendor/contractor.

B. How the unique features, characteristics or capabilities of the goods, service or construction are essential for the department:

3. Describe the efforts and results in determining that this is the only vendor/contractor who can provide the goods, services or construction:

4. Describe the other possible sources for the goods, services, or construction that were investigated but did not meet the department's needs:

Certification: I certify that the requested goods or services is only available from the vendor/contractor referenced on Page 1 of this request, and that the information provided herein is true and correct to the best of my knowledge.

Full Name of Principal Investigator, Department Head, or Administrator

Signature Date

APPROVED:

Full Name of Fiscal Administrator

Signature Date

Full Name of Vice President, or Chancellor (if applicable)

Signature Date

APPROVED ☐ DISAPPROVED ☐

Director, Office of Procurement Management or
Facilities Contract Manager, Facilities and Contracts Office (if applicable)

Date

APPROVED ☐ DISAPPROVED ☐

Chief Procurement Officer, University of Hawai'i (if applicable)

Date