MARYLAND DEPARTMENT OF HEALTH

OFFICE OF CONTRACT MANAGEMENT AND PROCUREMENT

SOLE SOURCE/NO SUBSTITUTION PROCUREMENT JUSTIFICATION FOR COMMODITIES

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendor:** | | **Requisition #:** | |
| **REQUESTING:** | | **NO SUBSTITUTE SOLE SOURCE** |  |
| **Item(s) to be Purchased:** | | | |
|  | | | |
| **JUSTIFICATION:** | | | |
|  | | | |
| **PLEASE COMPLETE THE FOLLOWING:** | | | |
| **1.** | **Explain why no other product shall be suitable or acceptable to meet your needs:** | |  |
|  |  | |  |
| **2.** | **What would be the results if the sole source product is not obtainable or becomes unavailable:** | | |
|  |  | | |
| **3.** | **Is the sole source price fair and reasonable and how was this determined:** | |  |
|  |  | |  |
| **4.** | **Are sufficient funds available? Yes No** | |  |
| **APPROVED:** | | | |
|  | **UNIT ADMINISTRATOR** | | **DATE** |
| **AUTHORIZED BY:** | | | |
|  |  | **PROCUREMENT OFFICER** | **DATE** |

Revised 1/2024