**OSP Justification Form**

**Sole Source Procurement**

Complete all sections of this and follow the steps specified in the *Sole Source Procurement Procedures*. Email the completed form to the Office of State Procurement review mailbox at osp.review@arkansas.gov to ensure timely review.

**Procurement Unit Requesting the Sole Source Procurement**

Requesting Department: Choose an item.

Requesting Division: Click here to enter text. Purchasing Contact: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

**General Information**

Description of Service/Commodity: Click here to enter text.

Vendor Name: Click here to enter text.

Contract Number (if available): Click here to enter text. Total Projected Cost: Click here to enter text.

Start Date of Resulting Contract: Click to enter date.

Expiration Date of Resulting Contract: Click to enter date.

**Why is the commodity/service needed?**

Click here to enter text.

**How did the agency determine a lack of responsible competition exists for the commodity/service?**

Click here to enter text.

**How did the agency determine the commodity/service can only be provided by one source?**

Click here to enter text.

**Can requirements be modified so the commodity/service may be competitively bid? If not, why?**

Click here to enter text.

**Are there patent, copyright, or proprietary rights that make the required commodity/service unavailable from other sources?**

Click here to enter text.

**What would the requestor do if the commodity/service were no longer available?**

Click here to enter text.

**What program consideration details make the use of a Sole Source Procurement critical to the requestor?**

Click here to enter text.

**Provide additional details as needed.**

Click here to enter text.