



**BUREAU OF PROCUREMENT
NON-COMPETITIVE PROCUREMENT JUSTIFICATION FORM**

Date: _____ Requisition #: _____ Cost: _____
 Agency: _____
 Contact Name & Telephone #: _____
 Contact Email: _____
 Supplier: _____

Proposes to Procure as (select category):	Sole Source	Selected Source
Current Requested Action is:		
New Procurement	Amendment to Current Contract (added items or scope of work)	
Additional Purchase of Goods/Services Previously Procured		

Period Covered:	From: _____ To: _____	(Ongoing requirement or license) OR
One-Time Purchase	(No Plan to Re-Order, or Entire Annual Requirement, if Restocking)	
One-Time Purchase:	(Amount Required to Complete Competitive Procurement or Contract Negotiations)	

Proposes to Procure (describe item or services):
Justification describing how procurement by competitive means is either not practicable or not advantageous to the City:
If this supplier is the only one selling a particular product, justification for selecting this product:
Were alternate products or services evaluated? Yes No (state reason):

<p>Has this product or service been sole sourced/select sourced before?</p> <p>Yes (provide PO #): _____ No</p>

Basis for Sole Source Purchase (check applicable box(es))	
Item is copyrighted intellectual property and is only available from the owner of the copyright	
Compatibility of equipment, accessories or replacement parts is of paramount consideration, and items are only available from supplier (manufacturer or distributor for state/region)	
Items or services are unique to the supplier	
Public utility	N/A

Basis for Selected Source Purchase (check applicable box(es))		
No advantage to seeking competition	Not practicable to obtain competition	
Urgently needed but not of an emergency nature (if actual emergency, see now below)	N/A	

Minority & Women's Business Participation *				
Between \$5,000 and \$49,999.99				
If the Supplier an MBE/WBE?	MBE	WBE	No	N/A
If not, and this is a selected source request, did you contact M/WBEs who provide this item/service?	Yes		No	N/A
If no, explain:				
\$50,000.00 and Above				
Is the Supplier able to utilize MBE/WBEs on performance under this Procurement?	Yes	No	N/A	
If Yes, are signed MWBOO forms attached?	Yes	No	N/A	
If no, a WAIVER REQUEST must be attached to explain why utilization is not feasible				

***Failure to properly complete this form and return all forms may result in the denial of this request.**

Pursuant to City Charter Article VI § 11 (e)(i), I recommend that competitive procurement be waived, and that the supplies, materials, equipment, services, or public works be procured as indicated above. In the event this action is more than \$25,000, I understand that Board of Estimates approval is required.

Signature: Agency Head or Designee Date

I hereby certify that my recommendation herein or the resulting award and/or contract would not be considered a conflict of interest under the Baltimore City Code, Article 8 Ethics. I agree to refrain from entering into any relationship or accept any gift from the recommended vendor named above during the

Requisition #: _____

term of this Contract (and any renewals or extensions thereto), including any agreements and/or practices that could give rise to even the appearance of a conflict of interest. Furthermore, I assert that I have fully disclosed to the City on my initial or annual Financial Disclosure form, ay and all practices and/or contracts of whatever nature or duration that could give rise to the appearance of a conflict of interest with the parties or subject matter of this recommendation, award and/or resulting contract and will continue to do so during the term of the contract and any renewals or extensions thereto. Additionally, I certify that, to the best of my knowledge, the vendor has not paid or agreed to pay any city employee, contractor or consultant, other than a bona fide employee working solely for the vendor named above, any fee, commission, percentage, brokerage fee, gift or ay other consideration, contingent upon or resulting from the recommendation, award or resulting Contract.

Signature: Agency Head or Designee

Date

I understand that if this request is not approved, standard City procurement procedures will be followed.

Acknowledged or I request the Requisition be returned if the Justification is denied.

Procurement Specialist Recommendation: Approved _____ Disapproved (state reason): _____ Signed: _____
Procurement Manager: Approved _____ Disapproved (state reason): _____ Signed: _____
Delegated Authority: Approved _____ Disapproved (state reason): _____ N/A Signed: _____
City Purchasing Agent: Approved _____ Disapproved (state reason): _____ N/A Signed: _____