

**SOLE SOURCE**

**UNDER \$25,000**

**\$25,000 or More**



# Justification

Procurement Unit  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 235-3  
July 2018**

Date Submitted \_\_\_/\_\_\_/\_\_\_ Requestor \_\_\_\_\_ Phone # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Requisition # \_\_\_\_\_ Department/Division \_\_\_\_\_

Item Description:

Suggested Vendor \_\_\_\_\_

Vendor's Address \_\_\_\_\_

Vendor's Phone # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Contact \_\_\_\_\_

Please provide a statement to support why this is the only item/vendor that fulfills your need. (Provide any supporting documentation.)

Comment and/or verify if other sources of supply will meet this need:

| Vendors Contacted | Vendor's Phone Number |
|-------------------|-----------------------|
| 1.                |                       |
| 2.                |                       |
| 3.                |                       |

Attachments  Yes  No

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Requestor* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Requesting Department Director* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Associate Superintendent* *Date*

## Procurement Sole Source Determination

The Procurement Unit staff agrees with the expertise of the Department/Division regarding the requirements of the attached specifications.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Procurement Unit* *Date*

Purchase Order #:

Amount of Purchase: \$

## Cabinet Level Review

Printed name of Appropriate Cabinet Level Reviewer:  
(Chief Financial Officer, Chief of Staff, Chief Academic Officer, Chief Operating Officer, or Deputy Superintendent, School Support and Improvement):

\_\_\_\_\_ Title \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_