

DO NOT WRITE IN SHAD... AREAS OF THIS FORM.

VANDERBILT UNIVERSITY REQUISITION FOR PURCHASE SERVICES INDEPENDENT CONTRACTOR/EXTERNAL CONSULTANT

Form with fields: SHEET NO., SUPPLY, SECURITY DATE, INV. TERMS, ESTIMATION, CONFIRMED, Y, N, TELEPHONE, DELIVER TO, BUILDING, STREET ADDRESS (PART), CITY, STATE, ZIP + CODE, AUTHORIZED BY, PHONE, FAX, SOCIAL SECURITY #, POSITION.

DOLLAR VALUE OF WORK PERFORMED FOR YOUR DEPARTMENT BY THIS VENDOR DURING THE PAST TWELVE MONTHS.

Form with fields: START DATE, COMPLETION DATE, FEE, PER, ADDITIONAL COSTS, TOTAL NOT TO EXCEED AMT, LOCATION OF SERVICES, CONTRACTOR SELECTION JUSTIFICATION, ALLOCATION THAT COST IS FAIR AND REASONABLE.

Form with field: DESCRIPTION OF SERVICE TO BE PERFORMED

SAMPLE FORM

Form with field: BUYERS NOTES

ACCOUNTING CLEARANCE/NOTATIONS

UNIVERSITY SUPPLY CENTER

FORM NO. 10-000-01-0001

# SC SOURCE REQUEST AND JUSTIFICATION

The procurement of material, equipment, supplies and services should be by competitive bidding. Should circumstances exist where competitive bidding is not feasible or cost effective, this request must be used to justify single source procurement for a specific service or from a specific vendor when total cost equals or exceeds \$10,000. Purchasing, at its discretion, may require justification for lesser amounts.

Single source justification must show that an equitable evaluation of comparable services has been made and that rejection of unsuitable alternatives is based on technical deficiencies or a combination of other reasons. In cases where no other comparable source is known, a complete justification regarding the services desired must be provided which is adequate to allow Purchasing to make a thorough search and evaluation. It is important to remember that single source justification cannot be based solely on price. Price consideration must be evaluated via competitive bidding.

**SECTION I:** The following questions are meant to provide appropriate justification for single source procurement. Please answer all applicable questions:

1. Is the independent contractor/external consultant specifically identified as the sole service provider on a grant or contract award? Yes  No  If yes, what is the grant number? \_\_\_\_\_
2. Does the service or vendor have special capabilities or expertise which are essential to your needs? Yes  No  If "yes", please explain in your response in Section II.
3. Have comparable vendors and/or services been evaluated? Yes  No  If "yes", please list in Section II. If "no", explain in your response why evaluation was not done. I
4. Is the requested service essential to maintaining experimental continuity? Yes  No

**SECTION II:** Please consider single source approval for the following reasons:

# SAMPLE FORM

## CONFLICT OF INTEREST

The independent contractor/external consultant must certify that to the best of their knowledge and belief, in acting as a consultant, they will not use their position for purposes of financial gain beyond that received directly for consulting services nor will the work performed as a consultant on this project create the appearance of a conflict of interest for the consultant or members of their family or those with whom the consultant has business or other ties. Attach a certification statement in this effort from the service provider.

## CHECK ALL THAT APPLY TO THIS CONTRACTOR:

- Is contractor a current VU Faculty, Staff, or Student?  YES  NO
- Is license certificate or professional degree required for this service?  YES  NO
- Will contractor receive close supervision from the university?  YES  NO
- Will the university provide training in connection with this work?  YES  NO
- Will the contractor be expected to follow daily, weekly, etc. schedules established by the university as opposed to complying with specified completion dates?  YES  NO
- Can the university direct or change the methods used by the contractor in doing the work?  YES  NO
- Will the contractor be working full or nearly full time on this project?  YES  NO

If you checked "YES" for any of the above questions, an employee-employer relationship may exist. Do not use this form if an employee-employer relationship exists. For guidance and optional payment methods, refer to *Vanderbilt University Policy and Procedures for Securing and Paying for Consultant and Independent Contractor Services.*

Signature of Principal Investigator \_\_\_\_\_ Department Name \_\_\_\_\_  
Signature of Department Head or Associate Administrator \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Director of Purchasing \_\_\_\_\_ Date \_\_\_\_\_