

Sole Source Request Form

How to Use this Form:

The Victoria University Procurement Policy is structured to meet all Federal and Provincial laws that govern competitive bidding practices in Canada and to protect both the University and the individual purchaser from liability that could result from a challenge to a contract award. Procurement Policy states that purchases over \$25,000 require a minimum of three (3) written quotes and purchases over \$100,000 require a full open competitive procurement process.

If this is not possible, please complete this request form, and send to Procurement Services for review and recommendation at vicu.procurement@utoronto.ca or by fax to 416-585-4580

1 Check appropriate condition(s):

- ☐ No alternative or substitute exists that meet specific or unique technical or research requirements
- ☐ To ensure compatibility, recognize exclusive rights or maintain specialized products
- ☐ No bids were received in response to an invitation
- ☐ An unforeseeable urgency exists
- ☐ The subject matter of the procurement is of a confidential or privileged nature
- ☐ To honour guarantees or warranties
- ☐ To procure a prototype
- ☐ To fulfill lease requirements
- ☐ The procurement is for construction materials where transportation costs and technical considerations impose geographical limits
- ☐ To make an award in a design contest
- ☐ To engage the following licensed professionals: accountants, architects, land surveyors, lawyers, notaries, engineers, medical doctors, dentists, nurses, pharmacists, and veterinarians
- ☐ To engage financial services or investment managers
- ☐ To purchase real property, subscriptions or original works of art
- ☐ Tendering would interfere with security, order or protection of human, animal, plant life or health
- ☐ The subject matter of the procurement is finance by an international cooperation organization

2 Provide comments explaining why you have selected the condition(s) above:

3 Provide Purchase Requisition # (if applicable): _____

4 Obtain Signatures:

	_____ Department	
Purchase Initiator Signature	Name (Please Print)	Date
Approver Signature	Name (Please Print)	Date

5 * NOTE: Values \$500,000 and above require authorization from the President and the Board of Regents
Send additional documentation (i.e. copies of previous or current agreements)

