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|  | SUBJECT: APPENDIX J – SOLE SOURCE JUSTIFICATION FORM | Approval Date 1/1/2018 |
| | DIVISION AND POLICY NUMBER PURCHASING | Revision Date N/A |

COMMODITY OR SERVICE _____

VENDOR _____

AMOUNT OF PURCHASE \$ _____

REQUESTORS NAME _____

DEPARTMENT _____

DEPARTMENT DIRECTOR's Approval _____

FINANCE DEPARTMENT's Approval _____

TOWN MANAGER's (or Designee) Approval _____

| PURCHASING POLICY EXCEPTION ITEM | CHECK ONE |
|---|--------------------------|
| 1. Item(s) or service has been formally awarded to a vendor by the State of Colorado, MAPO, or other cooperative purchasing group and the product meets the needs of the Town of Castle Rock. | <input type="checkbox"/> |
| 2. The product or service is of a unique nature, or allows for standardization with existing equipment and will provide exceptional value to the Town of Castle Rock. | <input type="checkbox"/> |
| 3. Emergency purchases where the well-being of the citizens, employees or Town property may be endangered if the purchase is delayed. | <input type="checkbox"/> |
| 4. Town of Castle Rock currently has a contract in place with a vendor for like products or services and the compatibility and/or continuity of those products or services are paramount to the success of the department or Town function. | <input type="checkbox"/> |

Per Municipal Code 3.02.060:

Purchases over \$1,000 and up to \$5,000 require three (3) verbal bids unless approved by the Town Manager on the basis of sole source, emergency or unresponsive bidder.

Purchases over \$5,000 and up to \$75,000 require three (3) informal written bids unless approved by the Town Manager on the basis of sole source, emergency or unresponsive bidders.

Purchases over \$75,000 require formal written sealed bids unless waived by the Town Council on the basis of sole source, emergency or unresponsive bidders.

The requesting department must provide written justification in addition to the one bid/quote to the Finance Department for review and forward it to the Accounting Manager. **Attach additional sheets as necessary.**