



**Forest Preserve District of Cook County  
Office of the Purchasing Agent**

**Sole Source Justification Form**

<b>General Information</b>	Date:
Unit/Department:	Phone
Contact Name:	Email:

<b>Vendor Information</b>
Name:
Address:

<b>Description.</b> Please provide a description of the goods or services required, the duration or frequency of the requirement, and where will the services or goods be delivered.

<b>Type.</b> Please select one of the options and explain below.
<input type="checkbox"/> Single Source <input type="checkbox"/> Proprietary/Copyright Restrictions <input type="checkbox"/> Equipment Compatibility <input type="checkbox"/> Patented Product <input type="checkbox"/> Exclusive or Unique Capability <input type="checkbox"/> Other, please explain

<b>Explanation:</b> Why is this product or service the only one that would satisfy the requirement(s)?

<b>Due Diligence.</b> Describe the due diligence performed that led to the conclusion that this is a sole source.

<b>Department Recommendation</b>	
Requestor:	Date:
Department Head:	Date:

<b>Purchasing Agent Officer Approval</b>	
Signature: <i>Thomas J. Conlon</i>	Date: