Vendor Recommendation

Please type or print information clearly

For procurements between $3K and $30K, this form is required with the Purchase Request to request limiting competition, and will be accepted as valid only if competition is not in the best interest of Leidos Biomedical Research, Inc., or its customers.

1. Purchase Request Number

Complete this entire form and attach it to the Purchase Request if both of the following conditions exist (and are checked below):

2. Existing Conditions

- ☐ I recommend, based on my search, limiting competition, **AND**
- ☐ The total commitment is expected to exceed $3,000.00 but not exceed $30,000.00.

Complete the following information

3. Recommended Supplier(s) of the Product/Service
4. Project/Item Description
5. Reason for Limiting Competition

6. Total Estimated Commitment	7. Prepared By	8. Date

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Certification Requirements

An affirmation of the information provided is required by the technical expert to complete the request to limit competition process as follows:

- If the technical expert is a Leidos Biomed employee, complete section A.
- If the technical expert is NOT a Leidos Biomed employee, complete section B.

A. Technical Requester Certification and Attestation (Leidos Biomed employee)

In submitting this recommendation to justify a single- or sole-source procurement described herein, I recommend, based on my knowledge and analysis of the market, that only the vendor indicated above should perform/supply the product/service contemplated for this procurement.

Leidos Biomed is committed to conducting its business and procurement activities in accordance with all applicable federal, state, and local laws and regulations, and in accordance with the highest standards of business ethics. All Leidos Biomed employees are expected to comply with these obligations and assist the company in complying with these obligations.

By my signature, I certify that in submitting this single-/sole-source justification for procuring goods/services from the vendor that at all times:

1. I have complied with the Leidos "Standards of Business Ethics and Code of Conduct" (http://phx.corporate-ir.net/External.File?item=UGFyZW50SUQ9MjA0MzU3fENoaWxkSUQ9LTF8VHlwZT0z&t=1);
2. I have not been offered or received any incentive or inducement, including, but not limited to, gifts, offers of future employment, or anything of monetary value, as a part of this procurement; and
3. I have disclosed and reported any private business or professional activities that I have engaged in, including those with a direct or indirect financial interest with the vendor that could create a conflict of interest or the appearance of a conflict of interest.

9. First Name	10. Last Name	11. Title
12. Signature	13. Program Area	14. Date

B. Technical Expert Certification (if other than Leidos Biomed Employee)

In submitting this recommendation to justify a single- or sole-source procurement described herein, I recommend, based on my knowledge and analysis of the market, that only the vendor indicated above should perform/supply the product/service contemplated for this procurement.

Technical Requester's Attestation

15. First Name	16. Last Name	17 Title
18. Signature	19. Employer/Affiliation	20. Date

This Section is for Leidos Biomed Procurement

Buyer/Subcontract Specialist Information

21. First Name	22. Last Name	23. Title
24. Signature		25. Date

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Cite the applicable FAR section and authority under which this is approved or disapproved.

26. Applicable FAR Section	27. Approval Status
☐ 6.302-1 ☐ 6.302-2 ☐ 6.302-3	☐ Approved ☐ Disapproved
28. Reasons for Disapproval	

Manager Information

29. First Name	30. Last Name	31. Title
32. Procurement Manager Signature		33. Date

Clear Form

Print Form Only

Print Form and Instructions

Vendor Recommendation – Instructions

Please type or print information clearly

1. Enter Purchase Request number.
2. Check each box after reading the requirement. The checks, along with the technical expert's signature, certify compliance with the requirements.
3. List the name(s) of the supplier(s) you are recommending.
4. Provide a brief description of the product(s) or service(s) you are procuring.
5. Describe the results of your market research, indicating sources checked, what features did not meet your needs, etc.
6. Enter the total estimated dollar amount of the procurement.
7. Enter the name of the preparer of this document.
8. Enter the date this document was prepared.
9. Enter the first name of the Leidos Biomed technical expert.
10. Enter the last name of the Leidos Biomed technical expert.
11. Enter the title of the Leidos Biomed technical expert.
12. Enter the signature of the Leidos Biomed technical expert.
13. Enter the Program Area name of the Leidos Biomed technical expert.
14. Enter the date the Leidos Biomed technical expert signed this document.
15. Enter the first name of the NON Leidos Biomed technical expert.
16. Enter the last name of the NON Leidos Biomed technical expert.
17. Enter the title of the NON Leidos Biomed technical expert.
18. Enter the signature of the NON Leidos Biomed technical expert.
19. Enter the employer/affiliation of the NON Leidos Biomed technical expert.
20. Enter the date the NON Leidos Biomed technical expert signed this document.
21. Enter the first name of the buyer/subcontract specialist.
22. Enter the last name of the buyer/subcontract specialist.
23. Enter the title of the buyer/subcontract specialist.
24. Enter the signature of the buyer/subcontract specialist.
25. Enter the date the buyer/subcontract specialist signed this document.
26. Check the applicable FAR section and authority under which this recommendation is approved or disapproved.
27. Check the approval status.
28. Enter the reason for disapproval.
29. Enter the first name of the manager.
30. Enter the last name of the manager.
31. Enter the title of the manager.
32. Enter the signature of the procurement manager.
33. List the date the procurement manager signed this document.