

## Justification for Single- or Sole-Source Vendor Recommendation

Please type or print information clearly

Justification is required for all single- or sole-source vendor decisions for purchases greater than \$30,000, and will only be accepted as valid if competition is not in the best interest of Leidos Biomedical Research, Inc., or its customers, and a complete and thorough market analysis has been performed.

1. Purchase Request Number
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This completed form is required when both of the following conditions exist (and are checked below):

2. Existing Conditions <input type="checkbox"/> I recommend, based on my knowledge, analysis, and a comprehensive search, that only the vendor indicated below should perform this project or provide the products/services, <b>AND</b> <input type="checkbox"/> The total commitment is expected to exceed \$30,000.
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***Complete the following information and answer all questions***

3. Recommended Vendor			
4. Street Address	5. City	6. State	7. Zip Code

**Vendor Contact Person**

8. First Name	9. Last Name	10. Telephone
		11. E-mail Address
12. Total Estimated Commitment	13. Prepared by	14. Date

15. Project/Item Description
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**Questions**

16. Does this recommended vendor have personnel that are unquestionably considered predominant experts in their particular field? Describe.
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17. What prior experience of a highly specialized nature does this recommended vendor exclusively have that is vital to this work effort?

18. What specialized or complex facilities or equipment does this recommended vendor have that may be exclusive and vital to this work effort?

19. Is competition precluded because of copyrights, patent rights, trade secrets, or other intellectual property, or technical or proprietary data? If so, describe specifically.

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20. What other capability and/or capacity does this vendor have that is necessary for this specific effort, clearly making this vendor the ONLY one that can perform this work within the required time schedule and without incurring unreasonable costs?

21. State whether this vendor or Leidos Biomed has a substantial investment that would have to be duplicated at Leidos Biomed's or the government's expense by selecting another vendor. Describe.

22. Please list other suppliers/subcontractors that were considered to satisfy requirements.

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23. Describe any other factors that were not considered above.

### **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.

24. First Name	25. Last Name	26. Title	
27. Signature		28. Program Area	29. Date

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### ***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

30. First Name	31. Last Name	32 Title
33. Signature	34. Employer/Affiliation	35. Date

#### This Section is for Leidos Biomed Procurement

#### Buyer/Subcontract Specialist Information

36. First Name	37. Last Name	38. Title
39. Signature	40. Date	

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

41. Applicable FAR Section <input type="checkbox"/> 6.302-1 <input type="checkbox"/> 6.302-2 <input type="checkbox"/> 6.302-3	42. Approval Status <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
43. Reasons for Disapproval	

#### Manager Information

44. First Name	45. Last Name	46. Title
47. Procurement Manager Signature		48. Date

## Justification for Single- or Sole-Source Vendor Recommendation – Instructions

1. Enter purchase request number.
2. Check each box after reading the requirement. The checks, along with the requester's signature in number 25, certify compliance with the requirements.
3. Enter the name of the suggested vendor (supplier).
4. Enter the street address of the suggested vendor.
5. Enter the city of the suggested vendor.
6. Enter the state of the suggested vendor.
7. Enter the zip code of the suggested vendor.
8. Enter the first name of the suggested vendor's contact person.
9. Enter the last name of the suggested vendor's contact person.
10. Enter the telephone number of the suggested vendor's contact person.
11. Enter the e-mail of the suggested vendor's contact person.
12. Enter the total estimated dollar amount of the procurement.
13. Enter the name of the preparer of this document.
14. Enter the date that this document was prepared.
15. Provide a brief description of the project or the name of the item or system.

### Questions:

16. This question focuses on the services or the product to be procured. Describe: (a) the specific services necessary for the project and the skill sets that the recommended vendor possesses that uniquely qualify the vendor in this particular field, and/or (b) the features of the item or system, or the expertise of the recommended vendor that uniquely qualifies the vendor to provide the item or system.
17. This question focuses on the proven ability of the recommended vendor to provide the goods or services being procured.
18. Describe the unique facilities, processes, or equipment the recommended vendor possesses that is required for this procurement.
19. Describe any legal reasons that no other vendor can meet your specific requirements.
20. This question focuses on the required turnaround time without realizing excessive additional costs. Describe any additional capabilities that this vendor alone possesses that meet the specific needs of this procurement.
21. Describe the situation should there be any established processes that would involve duplication of efforts by selecting a different vendor.
22. List the other vendors you considered and explain what factors led you to reject them and select the recommended vendor.
23. Describe any other pertinent reasons not previously addressed that led to your vendor determination.
24. Enter the first name of the Leidos Biomed technical expert.
25. Enter the last name of the Leidos Biomed technical expert.
26. Enter the title of the Leidos Biomed technical expert.

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27. Enter the signature of the Leidos Biomed technical expert.
28. Enter the Program Area Name of the Leidos Biomed technical expert.
29. Enter the date the Leidos Biomed technical expert signed this document.
30. Enter the first name of the NON Leidos Biomed technical expert.
31. Enter the last name of the NON Leidos Biomed technical expert.
32. Enter the title of the NON Leidos Biomed technical expert.
33. Enter the signature of the NON Leidos Biomed technical expert.
34. Enter the employer/affiliation of the NON Leidos Biomed technical expert.
35. Enter the date the NON Leidos Biomed technical expert signed this document.
36. Enter the first name of the buyer/subcontract specialist.
37. Enter the last name of the buyer/subcontract specialist.
38. Enter the title of the buyer/subcontract specialist.
39. Enter the signature of the buyer/subcontract specialist.
40. Enter the date the buyer/subcontract specialist signed this document.
41. Check the applicable FAR section and authority under which this recommendation is approved or disapproved.
42. Check the approval status.
43. Enter the reason for disapproval.
44. Enter the first name of the manager.
45. Enter the last name of the manager.
46. Enter the title of the manager.
47. Enter the signature of the procurement manager.
48. List the date the procurement manager signed this document.