

Medical Lake School District

116 W Third Street, PO Box 128
Medical Lake, WA 99022



Phone: (509) 565-3100
FAX (509) 565-3102 www.mlsd.org

Sole Source Justification Form

Requisition Item: *Pizza Factory Pizza*

Requisition Number: _____ or Blanket Contract Request

Prior Purchase Order Number (if item has been approved previously): _____

1. Please describe the item and its function:

Pizzas made for school, to comply with the Healthy Hunger Free Kids Act

2. Statement of Need:

3. This is a sole source* because:

- sole provider of a licensed or patented good or service
- sole provider of items that are compatible with existing equipment, inventory, systems, programs or services
- sole provider of goods and services for which the School District has established a standard**
- sole provider of factory-authorized warranty service
- sole provider of goods or services that will meet the specialized needs of the School District to perform the intended function (please detail below or in an attachment)
- the vendor/distributor is a holder of a used item that would represent good value and is advantageous to the School District (please attach information on market price survey, availability, etc.)

4. What necessary features does this vendor provide which are not available from other vendors? Please be specific.

Delivered freshly made, only a few blocks from schools. The businesses listed on page 2 are not willing to modify their pizza crusts to meet the required nutritional standards.

5. What steps were taken to verify that these features are not available elsewhere?
- other brands/manufacturers were examined (please list phone numbers and names, and explain why these were not suitable):
 - other vendors were contacted (please list phone numbers and names, and explain why these were not suitable):
 - other (please explain):

Pizza Hut ~ Airway Heights (509) 244-9464
Dominos ~ Airway Heights (509) 244-2555

Department: _____ **Contact:** _____

Phone: _____ **Cell Phone:** _____

Requested Vendor: _____ **Cost Estimate:** _____

Vendor's Address: _____

Vendor Contact: _____ **Phone:** _____

Conflict of Interest Disclaimer:

My department's recommendation for sole source is based upon an objective review of the goods/service being required and appears to be in the best interest of the School District. I know of no conflict of interest on my part or personal involvement in any way this request. No gratuities, favor, or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request to sole source this purchase when there are other known supplies to exist.

Signature of Requestor _____
Date

*Sole Source: Only one vendor possesses the unique capability to meet the requirement of the solicitation.
 ** Note: Procurement of items for which the School District has established a standard by designating a brand or manufacturer or by pre-approving via a testing or piloting, shall be competitively bid if there is more than one vendor who can furnish the item.