



CITY OF PORT TOWNSEND  
250 Madison St #2  
PORT TOWNSEND, WA 98368

## SOLE SOURCE JUSTIFICATION FORM

Item: \_\_\_\_\_

1. Describe the item and its function.
  
2. The item 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 City 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 City or perform the intended function (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 City (attach information on market price survey, availability, *etc.*)
  
3. What necessary features does this vendor provide which are not available from other vendors? Be specific.
  
4. What steps were taken to verify that these features are not available elsewhere?
  - other brands/manufacturers were examined (list phone numbers and names, and explain why these were not suitable):
  - other vendors were contacted (list phone numbers and names, and explain why these were not suitable):
  - other (please explain):

