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**NO SUBSTITUTE JUSTIFICATION FORM**

This form is to be used when an agency believes the acquisition is no substitute and the acquisition dollar amount is above $5,000. ALP Certified Buyers can approve only up to their delegated authority, but not to exceed $50,000. The Agency Head or Agency Head Delegate must sign if the acquisition is over $50,000. If the request is over the ALP authority of the certified buyer or over $50,000, the form must be submitted for approval to: Department of Administration, Office of State Procurement, 112 Administration Building, 50 Sherburne Avenue, St. Paul, MN 55155. Type in the shaded fields on this form, “save as” a Word document, and print it. The signed form must be retained in the purchasing file.

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| **DEPARTMENT NAME** | **DIVISION NAME** |
| **NAME OF PRODUCT:**  Manufacturer: Address:  Telephone:  Web Address:  Contact:  E-mail: | **DATE NEED IDENTIFIED** |
| **REQUESTED DELIVERY DATE** |
| **ESTIMATED PRICE**  $ |
|  |  |

**DESCRIPTION OF PRODUCT REQUIRED:**

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| **NO SUBSTITUTE CATEGORY (Check applicable box and attach documentation, or provide explanation below.)** | |
| Legislation or appropriation mandates use of | Software license renewals, additions, or upgrades available |
| product (Legislation attached) | Brand compatibility |
| Must use stated product because of warranty | Copyrighted material |
| requirements in effect | Other |
| **THIS PROCUREMENT MUST BE NO SUBSTITUTE BECAUSE (attach additional page if needed)** Explain why the specifications cannot be written allowing substitutes. Include the reason why a competitive process cannot be used to verify that this is the only product in the marketplace that meets the need. | |
| **NOTE: The following are unlikely to be sufficient “no substitute” justifications:**   * Personal or agency preference for a product * Agency perception that the product is the best choice (This should be determined through a competitive process.) * Lack of agency planning resulting in limited time to prepare competitive specifications * Past or existing relationship with a vendor * Special incentive or deal offered (can be assessed in open and competitive solicitation) * Agency convenience | |

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| **SEARCH**  **Explain how you researched the marketplace to determine that there was only one product to meet the agency’s needs.** | |
| A search was conducted consisting of: (check all that apply) Internet search  Market research / other vendors contacted  Public notice given on OSP website  Other | **RESULTS**  AFTER THE SEARCH…  No alternatives were identified No alternatives were deemed  acceptable because (explain below): |
| **Describe the search from above in detail:** | |

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| **CERTIFICATIONS** |
| I certify all of the following (all boxes must be marked):  I certify I have reviewed the information and materials relevant to this procurement, and am requesting an approval to use “No Substitute” for this acquisition.  I certify this request to use “No Substitute” is not the result of inadequate advance planning or for purposes of securing a preferred product. |
| **1. Signature of Person Requesting the No Substitute Status (Required)**  Printed Name Signature Date  \_ Title Phone Number E-mail Fax Number |
| **2. ALP Certified Buyer** (ALP Certified Buyers can approve only up to their delegated authority, but not to exceed $50,000.) Approved & within my delegated authority Reviewed & forwarded to OSP  Printed Name Signature Date  Title Phone Number E-mail Fax Number |

# SEND TO OSP WHEN ABOVE THE AGENCY BUYER’S DELEGATED ALP AUTHORITY

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| **3. Agency Head or Agency Head Delegate Signature** (Agency Head or Agency Head Delegate must sign if the request is over $50,000. The request must then be sent to OSP)  Signature: Date: Title: E-mail: Phone Number: \_ |
| **4. Dept. of Admin, OSP (**ALP Certified Buyers can approve only up to their delegated authority, but not to exceed $50,000. All other requests must be sent to OSP for consideration of the appropriate OSP staff.)  Approved. You are given a one-time special delegation to process this No Substitute acquisition. State “no substitute will be accepted” in the solicitation. If the estimate is over $10,000 and within your ALP authority, you must also advertise on the OSP website.  Approved. Please send an Open Market Requisition (OMR) to OSP to process.  Not Approved. Reason: Signature: Date:  Title: \_ \_ E-mail: \_Phone Number: \_ |