

# 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 \$2,500. 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, Materials Management Division, 112 Administration Building, 50 Sherburne Avenue, St. Paul, MN 55155. The signed form must be retained in the purchasing file.

<b>DEPARTMENT NAME</b>	<b>DIVISION NAME</b>
<b>NAME OF PRODUCT:</b> Manufacturer:  Telephone: Web Address: Contact: E-mail:	<b>DATE NEED IDENTIFIED</b>
	<b>REQUESTED DELIVERY DATE</b>
	<b>ESTIMATED PRICE</b> \$ _____

**DESCRIPTION OF PRODUCT REQUIRED:**

**NO SUBSTITUTE CATEGORY** (Check applicable box, attach documentation, or provide explanation below.)

<input type="checkbox"/> Legislation or appropriation mandates use of product (Legislation attached) <input type="checkbox"/> Must use stated product because of warranty requirements in effect	<input type="checkbox"/> Software license renewals, additions, or upgrades available <input type="checkbox"/> Brand compatibility <input type="checkbox"/> Copyrighted material <input type="checkbox"/> Other
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**THIS PROCURMENT MUST BE NO SUBSTITUTE BECAUSE** (attach additional page if needed)  
 Explain why the specifications can't be written allowing substitutes so that the item can be competitively bid and the solicitation process will verify whether this is the only product in the marketplace that meets the needs:

**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

**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)

- Market research
- Other vendors contacted
- Public notice given, list where
- Other

**RESULTS**

**AFTER THE SEARCH...**

- No alternatives were identified
- No alternatives were deemed acceptable because (explain below):

**Describe the search from above in detail:**

**CERTIFICATIONS**

- 1) 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.
- 2) 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.)

Printed Name	Signature	Date
Title	Phone Number	E-mail
		Fax Number

**SEND TO MMD WHEN ABOVE THE AGENCY BUYER'S DELEGATED ALP AUTHORITY**

**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 MMD)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**4. Dept. of Admin, MMD** (ALP Certified Buyers can approve only up to their delegated authority, but not to exceed \$50,000. All other requests must be sent to MMD for consideration of the appropriate MMD staff.)

- Approved. You are given a one-time special delegation to process this No Substitute acquisition.
- Approved. Please send an Open Market Requisition (OMR) to MMD to process.
- Not Approved. Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_