



Walker Department of Mechanical Engineering

Cockrell School of Engineering

204 E. Dean Keeton Street, C2200 • Austin, Texas 78712 • 512-471-0796 • Fax 512-471-8727

<http://www.me.utexas.edu>

EXCLUSIVE ACQUISITION JUSTIFICATION (EAJ) FORM INSTRUCTIONS

LINK: <https://utexas.app.box.com/v/eaj>

Total value of PO or contract (including renewal options)

GENERAL INFORMATION			
Today's Date:	July 28, 2015	Estimated Dollar Amount:	\$36,594.00
Select anticipated contract type:			
<input type="checkbox"/>	Business Contract	<input checked="" type="checkbox"/>	Purchase Order (PO)
		Document ID #:	20PB4123456
CONTACT INFORMATION			
DEPARTMENT INFORMATION		SUPPLIER INFORMATION	
Department Name:	Mechanical Engineering	Supplier Name:	Equipment Vendor, Inc.
Contact Name:	Lori Holloway	Contact Name:	Mary Jones
Campus Phone:	512-471-1045	Phone:	512-123-4567
Email Address:	lholloway@austin.utexas.edu	Email Address:	mjones@equipmentvendor.com
TYPE OF JUSTIFICATION			
Proprietary and Best Value: (as defined in Texas Government Code 2155.067, Education Code Section 74.008, Section b)			
<input checked="" type="checkbox"/> Only known supplier that meets your "definition of scope." (Complete sections A and B.)			
Emergency: (as defined in Texas Government Code 2155.086, Section c)			
<input type="checkbox"/> A purchase for which delay would create a hazard to life, health, safety, welfare or property. (Complete sections A and C.)			
Professional Services: (as defined in Texas Government Code 2254.002, e.a. Architects, Engineers, RNS, CPAs, Physicians, Land Surveyors, etc.)			
<input type="checkbox"/> Designated professional for which competitive bidding is not permitted. Note: To be used only when professional service providers have not been pre-qualified. (Complete sections A and D.)			

Procurement Coordinator will add Document ID

Complete corresponding sections

Include the Purchasing Coordinator's name

Check appropriate box (only one)



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Section A - filled out on every form

SECTION A - GOODS/SERVICES INFORMATION

PRODUCT MAKE/MODEL OR SERVICE	Example: Model + Description (Dual-Comb laser module for IRis-F1 a quantum cascade laser (QCL))
DESCRIPTION OF REQUEST <i>Describe the good or service to be procured and how it meets your needs.</i>	Example: The laser modules are compatible with the laser modules of IRsweep's IRis-F1 dual-comb spectrometer. This allows to study the kinetics of chemical interactions and reactions as they happen in real time and to monitor multiple species simultaneously. Standard FTIR system, that do not use frequency comb technology cannot achieve...

Name and general description of what is being purchased

SECTION B - PROPRIETARY AND BEST VALUE JUSTIFICATION

SPECIAL USE REQUIREMENTS (equipment only) <i>To be compatible with existing equipment:</i> <i>For the repair, maintenance, or modification of existing equipment:</i> <i>For use as spare or replacement equipment:</i>	<div style="text-align: right;"> <p>Section B - only filled out for proprietary or best value purchases</p> </div> ___ YES ___ NO ___ YES ___ NO ___ YES ___ NO
REQUIRED FEATURES <i>List the specific feature(s) or characteristic(s) that are <u>required</u>, which are unique to the good or service provided by this supplier. Describe the importance of the unique feature(s) as it applies to the intended use and project goals. Describe how the selected supplier meets these requirements.</i>	List the characteristics/features that are important for you to have. The features can be what makes this service/equipment unique that no other vendor cannot provide. BE SPECIFIC. For instance: 1. Must be compatible with the IRis-F1 Quantum Cascade Laser. 2. Module must have identifiers: Center wavelength must be 1240 cm-1 +/- 10 cm-1 with point spacing of <0.5cm-1... 3. Must be compatible with IRis-F1 operation software This is important because ... Vendor model XYZ123 meets all of the requirements
EVALUATION OF OTHER SOURCES <i>List other sources that were evaluated (including the names, manufacturers, model numbers, etc.) and state the reason they were found to be unsatisfactory for the intended use or in meeting project goals. (Attach copies of any quotes collected from other suppliers, if applicable.)</i>	In this section you will state which <u>vendors do not meet the required features</u> . This can be shown in two ways. If there are no other suppliers/vendors you will need to provide a Sole Source Letter from the vendor stating this fact. If there are other suppliers, please get at least <u>three</u> quotes and give them the same parameters... 1. Laser company 1 is not compatible with the IRis-F1 Quantum Cascade Laser. 2. Laser company 2 does not match the specific wavelenth of 1240 cm-1 +/- 10 cm-... 3. Laser Company 1 and 2 are not compatible with IRis-F1 operation software Summary of why they are incompatible with the equipment.
RISK ELEMENTS <i>Describe any substantial risks that could not be overcome if the product or service was procured from another supplier.</i>	Acquiring this module will enable the PI to conduct research related to several active projects ... Not acquiring this instrument will impact PI's ability to attract external funding, publish high quality academic papers and become a leader in this field.

Only mark if purchasing or servicing equipment

Unique and required features and why they are needed

List of items or sources considered and how they don't meet requirements

Explain how project would be harmed if unable to purchase item



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Section C - only filled out for emergency purchases
Rarely Used

SECTION C – EMERGENCY JUSTIFICATION

Describe how the university would be harmed if purchase was delayed

<p>RISK ELEMENTS <i>State the financial or operational damage/risk that will occur if needs are not satisfied immediately. (You must provide specifics when explaining any loss or damage.)</i></p>	
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Describe why the situation or problem wasn't anticipated

<p>SPECIAL CIRCUMSTANCES <i>State why the needs were not or could not be anticipated so that goods/services cannot be purchased following standard procedures.</i></p>	
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Explain why this particular supplier was chosen

<p>SUPPLIER SELECTION <i>State the reason and process used for selecting the supplier. (Attach quotes/proposals received from other sources, if applicable.)</i></p>	
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In order to provide the required goods/services, the supplier (check one):

Based on situation, check the appropriate box (only one)

Requires a physical PO

- The department must create a POINT Plus PB4 requisition document and submit an Exclusive Acquisition Justification Form to the Purchasing Office.
- The department contacts their Purchasing Office buyer team to expedite requisition processing.
- Purchasing Office buyer issues the PO to the supplier.
- Payment is made on a *DEFINE VP1 payment voucher.

Requires a verbal PO

- The department must submit an Exclusive Acquisition Justification Form to the Purchasing Office.
- Purchasing Office buyer provides an emergency PO number to the department.
- The department provides the emergency PO to the supplier.
- Payment is made on a *DEFINE VP2 payment voucher.

Requires verbal approval from requesting department (no PO)

- In the case where there is an immediate threat to The University of Texas at Austin and a supplier is on hand or can quickly mobilize to perform needed repairs (or the emergency occurs after normal business hours), the requesting department can give the go ahead for the supplier to start work.
- The department must submit an Exclusive Acquisition Justification Form to the Purchasing Office for review as soon as possible.
- Payment is made on a *DEFINE VP2 payment voucher.

SECTION D – PROFESSIONAL SERVICES JUSTIFICATION

Discuss the qualifications used to identify the group of suppliers

<p>SUPPLIER SELECTION <i>Criteria used to select the supplier for these services.</i></p>	
<p>REASON FOR SELECTION <i>Identify specific qualifications of selected supplier.</i></p>	

Section D - only filled out for professional services



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Filled out and
signed by the end
user or interested
party

CONFLICT OF INTEREST STATEMENT

I, John Smith, the undersigned, hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein. I am acting on my own accord and am not acting under duress. I am not currently employed by, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with this supplier in return for favorable consideration of this request.

Signature: John Smith Date: 7/28/15
(Primary User)

Title: Professor

(Note: Texas Government Code, Chapter 572, Subchapter C, Sec. 572.069 – CERTAIN EMPLOYMENT FOR FORMER STATE OFFICER OR EMPLOYEE RESTRICTED. A former state officer or employee of a state agency who during the period of state service or employment participated on behalf of a state agency in a procurement or contract negotiation involving a person may not accept employment from that person before the second anniversary of the date the officer's or employee's service or employment with the state agency ceased.)

DEPARTMENT APPROVAL – Dean/Chair/Business Officer*

By signing below, the department certifies that the information submitted on this form has been reviewed and this purchase has departmental approval. The final determination of approval shall be made by the Purchasing Office.

Signature: Jane Miller Date: 7/29/15
(Dean/Department Head/Business Officer)

Printed Name: Jane Miller
(Dean/Department Head/Business Officer)

Title: Department Chair

*Departmental approver must be senior to the primary user.

(Note: Texas Government Code Chapter 572, Subchapter C, Sec. 572.069 – CERTAIN EMPLOYMENT FOR FORMER STATE OFFICER OR EMPLOYEE RESTRICTED. A former state officer or employee of a state agency who during the period of state service or employment participated on behalf of a state agency in a procurement or contract negotiation involving a person may not accept employment from that person before the second anniversary of the date the officer's or employee's service or employment with the state agency ceased.)



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PROCUREMENT APPROVAL – TO BE COMPLETED BY THE PURCHASING OFFICE

Filled out by purchasing

DETERMINATION:

- Approved
- Not Approved

JUSTIFICATION FOR PROCUREMENT METHOD:

Proprietary

- Proprietary (i.e., Pharmaceuticals, Chemical Reagents)
- Original Equipment Manufacturer (OEM) Maintenance/Renewal
- Meets Unique Specification
- Direct Publication/OEM Software Renewal or Maintenance

Best Value

- Compatibility with Existing Equipment
- Continuity of Service/Research
- Contractor/Grantor Requirement
- Best Value

Emergency Purchase

- Emergency Purchase Emergency PO Number: _____

Professional Services

- Professional Services

Rationale for determination/comments:

Signature: _____ Date: _____
(Buyer)

Signature: _____ Date: _____
(Senior Buyer - up to \$100,000)

Signature: _____ Date: _____
(Purchasing Management – \$100,000 - \$250,000)

Signature: _____ Date: _____
(Director of Purchasing – \$250,000 - \$1,000,000)

Signature: _____ Date: _____
(EVP & Chief Financial Officer - over \$1,000,000)



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(EAJ) FORM INSTRUCTIONS WRITTEN

The University of Texas at Austin make purchases at a competitive basis. However, there may be times when competition does not exist, or it is in the university's best interest to use a particular product or service. Since these purchases eliminate competition, the university requires that justification be submitted with any purchase where only one supplier is being considered for requests that exceed \$15,000. The following are guidelines for completing the EAJ form.

GENERAL INFORMATION

- Enter today's date and the estimated dollar value of the purchase. The value must include all costs associated with the purchase including any renewal option costs.
- Check the box next to the anticipated contract type: business contract or purchase order (PO). If a PO, also enter the document ID associated with the purchase requisition.

CONTACT INFORMATION

- Enter the appropriate department and supplier contact information. For department name, indicate the name of the specific department or unit requesting the purchase.

TYPES OF JUSTIFICATION

- Based on the product or service being purchased, check the appropriate box next to the type of justification for this purchase only one box may be selected in this section. Note: within the justification description it indicates what sections of the form need to be completed.

SECTION A – GOODS/SERVICES INFORMATION (this section must always be completed)

- Product Make/Model or Service – Enter the products or service brand name, product make/model, or descriptive title of the product or service being purchased (if purchased).
- Description of Request – Enter a brief description about the product or service being purchased and how it meets your needs.

Note: Both Exclusive Acquisition Justification Form Template for Original Equipment Manufacturer (OEM) for Maintenance and Repair and the Exclusive Acquisition Justification Form Template for Software Maintenance Agreement with Original Licensor forms have required information entered in Section A. Enter the name and product or service details in the Product Make/Model or Service box.

SECTION B – PROPRIETARY AND BEST VALUE JUSTIFICATION

- Special Use Requirements – When purchasing or servicing equipment, indicate Yes or No next to the list special use requirements.
- Required Features – List and describe the required features or qualification that are unique to the good or service that is being provided by the supplier. Explain why these



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features are required to fulfill the project or program goals and how the requested supplier meets these needs.

- Evaluation of Other Sources – List the names of the other products or suppliers that were considered and indicate how they were unable to meet the requirements listed in the “Required Features” section.
- Risk Elements – Explain how the project or program would be negatively impacted if required to purchase from one of the other evaluate sources or if unable to use the requested supplier.

Note: Both Exclusive Acquisition Justification Form Template for Original Equipment Manufacturer (OEM) for Maintenance and Repair and the Exclusive Acquisition Justification Form Template for Software Maintenance Agreement with Original Licensor forms have required information entered in Section B.

SECTION C – EMERGENCY JUSTIFICATION

- Risk Elements – Explain what difficulty, damage, or risk would occur if unable to procure the product or service immediately.
- Special Circumstances – Explain why the needs could not be foreseen or anticipated so that good/services could not be purchased following standard procedures.
- Supplier Selection – State the reason and process used for selecting the supplier and attach quotes/proposal received other sources if other suppliers were contacted.
- Check the box next to the authorization type required by the supplier to provide the good/services.

SECTION D – PROFESSIONAL SERVICES JUSTIFICATION

- Supplier Selection – Explain what requirements or criteria were used to identify a pool of qualified suppliers to perform these services.
- Reason for Selection – List the specific qualifications used in selecting the requested supplier.

CONFLICT OF INTEREST STATEMENT

- The primary user (end user) of the product or service must type his or her name, title, the date, and sign where indicated.

DEPARTMENTAL APPROVAL -DEAN/CHAIR/BUSINESS OFFICER

- The section must be completed by a person who is senior to the primary user, such as a dean, department head, or business officer in the primary user’s department. This signer must type his or her name, title, today’s date, and sign where indicated.

PROCUREMENT APPROVAL – TO BE FILLED OUT BY PURCHASING

- This section is completed by the Purchasing Office prior to issuing the PO or forwarding the approved EAJ form to business contracts.