

Purchasing

202 Plaza Centre One
Iowa City, IA 52242-2500
319-335-0115

**SUBAWARD
SOLE SOURCE**

PURCHASE JUSTIFICATION

Requester: Please respond to all items. Responses which require additional space should be attached to the justification and reference specific paragraph.

JUSTIFICATION

PReq #: _____ PO #: _____ Purchasing Agent: _____

RFQ #: _____ Department: _____

1. Provide a brief description of the scope of work for this subaward.

2. Please check all that apply:

- a. The subawardee was specifically named in the proposal and/or approved by the sponsor or funding agency.
- b. The proposal and subawardee were approved by the sponsor and/or funding agency as scientifically valid.
- c. The subawardee possesses specialized equipment and/or facilities to conduct the research.
- d. The subawardee has access to appropriate subject populations required to conduct the study/research.
- e. The subawardee was selected for a pilot project based on a review by a U of I project committee.
- f. Other: Explain why this subawardee is uniquely qualified to fulfill the subaward scope of work.

3. This subaward is a continuation of an ongoing study. This Preq/PO replaces PO# _____

CERTIFICATION

The undersigned states that he/she has prepared the above documentation and that the facts and data set forth are complete and accurate to the best of the undersigned's knowledge and belief.

Requester Name and Title	Requester Signature	Date

Department Name