Request for Sole Source Consultant Services

**Checklist for Submitting a Request for Sole Source Consulting Services**

**(Adapted in part from a WSDOT Memorandum:
Request for Consultant Services, A&E Services Project Specific Sole Source)**

The following checklist must be provided with requests to use sole source consultant services, rather than competitive bid procedures, on a project:

Agency: Click here to enter text. Date: Click here to enter text.

Project Title: Click here to enter text. Federal-Aid Number: Click here to enter text.

1. Checklist for a Supplement to an Existing Agreement

Description of the Existing Project:

| **Initials** | **Date or N/A** | **Checklist Items for a Supplement to an Existing Agreement** |
| --- | --- | --- |
|   |   | Date the project was originally advertised. |
|   |   | Date the original Agreement was executed. |
|   |   | Completion date of the original Agreement. |
|   |   | Total dollar amount of the original Agreement Click here to enter text.. |
|   |   | Date Supplemental Agreement Number 1 was executed. |
|   |   | Completion date of Supplemental Agreement Number 1. |
|   |   | Total dollar amount of Supplemental Agreement Number 1. |
|   |   | Describe the reason(s) for Supplemental Agreement Number 1. |

(***Note:*** Using an electronic form of this checklist, provide the above information for each existing Supplemental Agreement, numbering the Supplements sequentially.)

1. Checklist for Both a New Agreement and Supplement to an Existing Agreement

| **Initials** | **Date or N/A** | **Checklist Items – New and Supplements to Agreements** |
| --- | --- | --- |
|   |   | Describe the proposed project for the Sole Source Agreement:Click here to enter text. |
|   |   | State the specific intended purpose of the Agreement and describe the services and/or deliverables that are needed: (***Note:*** If two or more phases of work are anticipated, describe each phase separately.)Click here to enter text. |
|   |   | Date that the sole source consulting services are desired.Click here to enter text. |
|   |   | Duration of work/phase 1 of work Click here to enter text.*(Repeat this line for each phase of work, numbering them sequentially.)*Describe the funding sources of the project (including participation percentages):Click here to enter text. |
|   |   | Provide the estimated cost of the services that will be performed by the sole source consultant”:Click here to enter text. |
|   |   | Provide the estimated cost of services to be provided by a subconsultant: Click here to enter text. |
|   |   | Describe the work to be performed by a subconsultant: Click here to enter text. |
|   |   | Provide justification for the use of sole source consultant services (i.e., how it was determined that competitive procurement is not appropriate for this project) by giving an explanation to the items listed below:Click here to enter text. |
|   |   | Describe the unique nature of the services and/or the unique qualifications, abilities or expertise of the consultant to meet the agency’s needs (e.g., describe how they are highly specialized or one-of –a-kind, include other factors which may be considered, such as what is their past performance, cost effectiveness [learning curve], and /or the follow-up nature of the required services):Click here to enter text. |
|   |   | Describe other special circumstances which may be relevant, such as confidential investigations, copyright restrictions or time constraints. If time constraints are applicable, identify when the agency was on notice of the need for the services and the entity that imposed the constraints, explain the authority (if not obvious) of the entity to impose them, and provide the timelines within which the work must be accomplished.Click here to enter text. |
|   |   | Describe the availability of consultants in the location required (e.g., if the proposed consultant is the only source available in the geographical area, state the basis for this conclusion and the rationale for limiting the size of the geographical area selected):Click here to enter text. |
|   |   | Disadvantaged Business Enterprise (DBE) goals may apply on a federally funded project. Explain reason(s) for waiving DBE participation goals:Click here to enter text. |

**Agency**

|  |  |  |
| --- | --- | --- |
| Signature of Agency Official |  | Date |

**Recommended Approval**

|  |  |  |
| --- | --- | --- |
| Region Local Programs Engineer |  | Date |

**Approval**

|  |  |  |
| --- | --- | --- |
| Local Programs |  | Date |