

CERTIFICATION OF NEED FOR RESTRICTIVE SPECIFICATION

The University of Alaska relies upon the expertise of its faculty to conduct academic instruction of students in order to provide quality education. It also relies upon the expertise of its research community to conduct quality research.

To these ends, whenever a faculty member, or a Primary Investigator or Project Director, has determined that only a particular item or service is suitable for use in the classroom, or is suitable for a research project, brand name or sole source procurement is both appropriate and justified.

Purchase Requisitions for such items or services must specify that no substitute is acceptable and must be accompanied by a Certification of Need for Restrictive Specification Form, completed and signed by the faculty member, Primary Investigator, or Project Director.

If more than one supplier exists for a specified brand, competition must still be sought in accordance with all applicable laws and regulations. For services, certification by the faculty member, Primary Investigator, or Project Director that no other known source for the required services exists is justification for proceeding with sole source procurement. This determination only applies to items or services to be used in direct support of academic instruction or sponsored research.

UNIVERSITY OF ALASKA

CERTIFICATION OF NEED FOR RESTRICTIVE SPECIFICATION
FOR RESEARCH OR CLASSROOM USE

Department: _____

Purchase Req. No. _____ Est. Value \$ _____

If for supplies or equipment:

Manufacturer(s) & Model No.(s) _____

Purchase Description (including features or capabilities unique to the brand being requested as they may relate to research requirements): _____

If for services:

Only known source(s) of services: _____

Description of Services (including capabilities or expertise unique to the vendor being requested as they may relate to research requirements): _____

The item(s) or service(s) listed herein will be used as indicated below:

Academic application in the classroom

Direct support of sponsored research

Class/Course or Research Project Name: _____

CERTIFICATION:

The Faculty Member, Principal Investigator, or Project Director signing below certifies that only the item(s) or service(s) specified in this purchase request is suitable for the intended application, and no substitute is acceptable.*

Signature

Date

Name and Title

Telephone Number

Furthermore, I certify under State and Federal Conflict of Interest laws that the above statements are true and precise and that I have no financial or other beneficial interest in the Vendor.

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