



Administrative Form 3340
SINGLE/SOLE SOURCE REQUEST

Responsible: Purchasing Department

PR #: _____ TOTAL AMOUNT \$: _____ FUND #: _____

SUBMITTING SCHOOL / DEPARTMENT: _____

REQUESTOR: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____ CITY/STATE/ZIP: _____

VENDOR EMAIL OR WEBSITE: _____

VENDOR PHONE #: _____ VENDOR FAX #: _____

Check all that apply to this Single/Sole Source Request and keep in mind that the Vendor must be the ONLY source, not the preferred one or the one perceived to be the best:

___ Proprietary: A private party or company holds the item under exclusive title, trademark or copyright. A propriety distributor-ship would also apply.

___ Only one Vendor (source/supplier), to the best of the requester's knowledge and belief, based upon thorough and documented research, is capable of delivering the required product or service.

___ Similar types of goods and services may exist, but only one Vendor, for reasons of expertise, and/or standardization, quality, compatibility with existing equipment, specifications, or availability, is the only source that is acceptable to meet a specific need of the request.

___ Other, please explain in detail

Submit with this Single/Sole Source Request Form:

- A formal letter from the manufacturer/proprietor on their letterhead, verifying the nature of the Vendor's *Sole Source* status.

Both Public Disclosure Forms (2) completed and signed by the requesting WCSD Staff and Vendor.

Provide responses to the following:

1. Describe the product/service with as much detail as possible (attached additional documents if needed) that includes a description of the marketplace that includes distributors, dealers, resellers, etc.:

2. Provide a description of the unique features and known compatibilities of the product/service that prohibit competitive solicitation.

3. Describe due diligence/research conducted to find alternatives and that verified Vendor as the only known source for product/service and for any alternatives to product/service. You may attach your due diligence/research to this request.

4. Can the requirements of the purchase be modified, so that other products/services may be competitively solicited? Why can't the District use any other product?

Department Manager or Principal Signature

Date

Chief Officer or Area Superintendent Signature

Date

Assigned Buyer Signature

Date

Purchasing Dept. has confirmed receipt of formal letter from manufacturer and/or distributor (for proprietary distributor-ship) with submission.

Purchasing Dept. has confirmed receipt of both completed and signed Public Disclosure Forms (WCSD Staff and Vendor).

Director of Procurement & Contracts

Date

**WASHOE COUNTY SCHOOL DISTRICT
PUBLIC DISCLOSURE FORM**

WCSD REQUESTOR (STAFF/EMPLOYEE) (A)

THIS IS A REQUIRED FORM TO BE COMPLETED, SIGNED, AND SUBMITTED WHEN REQUESTED BY WCSD.

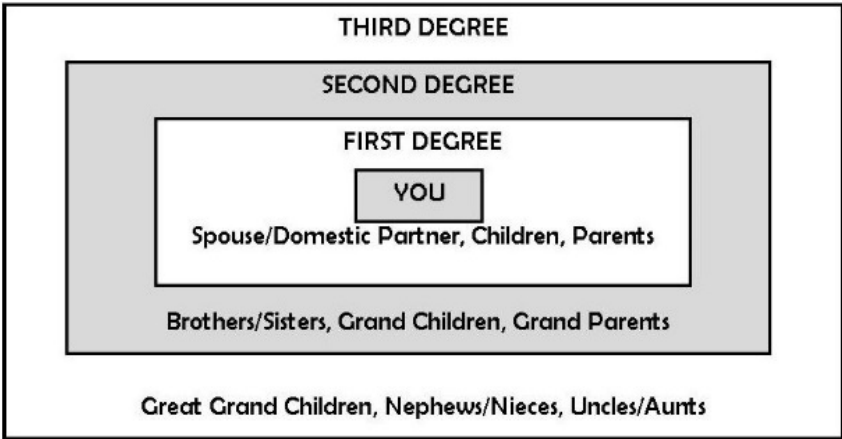
WCSD REQUESTOR (STAFF/EMPLOYEE) FIRST/LAST NAME: _____

I understand that per NRS 281A.020 a public office is a public trust and shall be held for the sole benefit of the people, and a public officer or employee must commit themselves to avoid conflicts between the private interests of the public officer or employee and those of the general public who the public office or employee serves.

Furthermore, I understand that pursuant to Washoe County School District (WCSD) Board of Trustees Policy 4505 and per NRS 281A.400, WCSD employees (as public officers) shall not seek and/or accept any gift, work/service, favor, employment, engagement, emolument, and/or economic opportunity, including, but not limited to, unlawful compensation, salary, retainer, augmentation, expense allowance, commission, personal profit, pecuniary interest in the course of performing WCSD duties. In addition, WCSD employees (as public officers) shall not use their positions to secure and/or grant unwarranted privileges, preferences, exemptions, and/or advantages for the public officer or employee with any business entity.

I certify and acknowledge by signature below that I am a duly authorized agent of the submitting organization named above and that failure to disclose all facts relative to a conflict and/or potential conflict of interest (ethical standards) with regards to the specific solicitation to which the organization is submitting to WCSD may result in a rejection of said solicitation submission and/or termination of any resulting contract should the above-named organization be awarded.

- A. I certify that I and the principal(s) and/or key personnel of my organization have no pecuniary/financial interests between WCSD, Officers of WCSD, key employees of WCSD, current and former WCSD Board of Trustees members, and any other current and former WCSD personnel.
- B. To the third degree of consanguinity (refer to the chart below), I have listed all of my and the principal(s) and key personnel of my organization's personal relationships, partnerships, correlations, and relatives (by blood and/or marriage) between WCSD, Officers of WCSD, key employees of WCSD, current and former WCSD Board of Trustees members and any other current and former WCSD personnel.



Complete the form below. Additional sheets may be attached if necessary. Please put **N/A** on the first line below if Items A and B on Page 1 of 2 of this form are not applicable.

THIS IS A REQUIRED FORM TO BE COMPLETED, SIGNED, AND SUBMITTED WHEN REQUESTED BY WCSD.

Submitting Organization Employee Name (First, Last)	Title / Position	Relations / Association to WCSD Personnel	Name of WCSD Personnel	Pecuniary Interest (Y or N)

PRINT NAME: _____
TITLE: _____
DATE: _____
SIGNATURE: _____

**WASHOE COUNTY SCHOOL DISTRICT
PUBLIC DISCLOSURE FORM**

VENDOR/CONTRACTOR (B)

THIS IS A REQUIRED FORM TO BE COMPLETED, SIGNED, AND SUBMITTED WHEN REQUESTED BY WCSD.

VENDOR/CONTRACTOR COMPANY NAME: _____

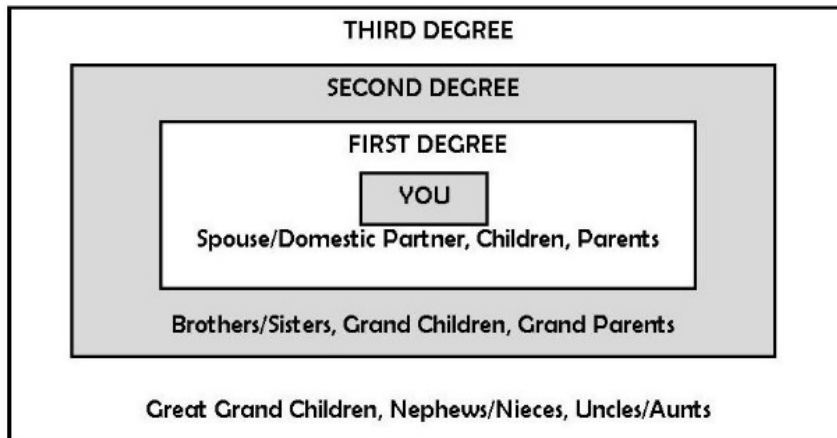
COMPANY'S AUTHORIZED REPRESENTATIVE NAME (FIRST/LAST): _____

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DATE: _____

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