Appendix K

Grantee Vendor - Single/Sole Source Justification Form

State Agency: MDVA	**Division/Department:**
Grantee:	**Grant Period:**
SWIFT Grant Contract Number: (To be completed after grant is awarded)	**Grant Amount:**

1. **State the Purpose of the Grant**:

2. **Summarize the work the Grantee is expected to perform**

3. **Summarize the work the Vendor is expected to perform and provide a justification for categorizing the Vendor as Single/Sole Source:**

   (Reference the vendor's geographic location, specialized knowledge and/or relationships, specialized equipment, and all other factors that contribute to the decision to categorize the vendor as single/sole source. A single/sole source vendor may not be based solely on Grantee convenience and/or prior relationship.)

Grantee Vendor - Single/Sole Source Justification Form (*MDVA Staff Only*)

State Agency: MDVA	**Division/Department:**
Grantee:	**Grant Period:**
Vendor:	**Budgeted Line item Amount:**
SWIFT Grant Contract Number: (To be completed after grant is awarded)	**Grant Amount:**

SPECIAL CIRCUMSTANCES RELEVANT TO THIS GRANT. (Check all that apply).

☐ Geographic location
☐ Specialized knowledge/Subject matter expert/Community relationships
☐ Specialized Equipment Required
☐ Funder Designated Sub-Recipient
☐ Other _____ (see full description in item 3 of this form)

I certify that:

1) I recognize that state policy best practices recommends Grantees use a competitive process to select vendors unless only one entity is reasonably able to meet the grantee vendor's intended purpose and objectives;

2) The grantee vendor budgeted amount is fair, reasonable, and provides the best value to the State of Minnesota; and

3) The grantee's single/sole source vendor justification is not the result of inadequate advance planning or for purposes of securing the services of a preferred provider.

Grant Manager's Signature:	**Date:**
Division Director's (or Designee's) Signature:	**Date:**
Financial Management Signature:	**Date:**