

**Non-Competitive Procurement Form
Emergency or Sole Source Procurement**

This form has been created to assist CE's with the ability to document any emergency procurement needs during the pandemic when TDA does not require approval or the CE to complete the online JOT form. This form is a direct copy of the online JOT form which allows the CE to document the information asked by TDA. This form allows the CE to save or print whereas the online JOT form is only submittable online.

Contracting Entities (CEs) should use this form under the following circumstances:

- **Emergency Procurement**
A public emergency or unexpected emergency situation forces a need for immediate purchases that cannot be delayed by the time required for a full competitive solicitation for products and/or services.
- **Sole Source Procurement**
The required product and/or service is available only from a single (sole) source distributor, supplier, or manufacturer, and this specific product and/or service is the only suitable solution to fill this need (preference for a particular brand or vendor when a suitable alternative exists should not be the basis for a sole source request).

DIRECTIONS: The following questions allow the CE to document their Emergency Procurement, providing key information that is normally required by TDA for approval. During times when TDA does not require approval, the CE must still document their Emergency Procurement. This form will help the CE stay organized and document fully and correctly for each Emergency Procurement that did not require approval.

1. Select the affected Program(s):
 NSLP CACFP SFSP SSO TEFAP CSFP
2. Is this request required due to disruption in operations caused by COVID-19?
 Yes No
3. Is this an emergency procurement request or sole source request (refer to the definitions above)?
 Emergency Procurement Sole Source
4. Attach copies of supporting documentation: a contract, invoice, quote, purchase order or other documentation that clearly identifies the supplier, manufacturer, or distributor and that identifies the quantity and cost of the purchase.

5. Attach or describe below, supporting documentation that shows the cost is reasonable.

6. Attach or describe below, a detailed narrative that describes the circumstances that require the emergency or sole source procurement, and any other supporting documents for this request, which may include elements of timing, information on the item/service being procured, and information provided by the supplier, manufacturer, or distributor.

7. Attach supporting documents, if applicable, that support your research activities, including copies of the solicitation, advertising, and other relevant documentation.

8. **Enter the specific period that the CE plans to use this procurement method.**

Timeframe entered cannot exceed one year.

A. Anticipated start date, should be no more than 30 days before Today's date:

_____ / _____ / _____

B. Anticipated end date, should not be more than one year from Start Date:

_____ / _____ / _____

Time frame entered cannot exceed one year.

Attestation Statement

9. Today's Date: _____ / _____ / _____

10. Contracting Entity (CE) Name. Enter exactly as it appear in TX-UNPS:

11. Contracting Entity Identification Number (CE ID). 5-digit number assigned by TDA in TX-UNPS:

12. Check each of the following statements as true:

I am an Authorized Representative of the Contracting Entity (CE) listed on the "FND-101, Certificate of Authority for External Users" or "FND-135, User Access Manager Form" that has been approved by TDA prior to submission of this request.

I certify that the CE has retained documentation related to the information submitted in this request.

I am not a Food Service Management Company employee.

13. Name of person attesting to the information on this form:

First Name: _____ Last Name: _____

Position Title: _____

Each party acknowledges and agrees that this information in this form is attested by the name entered in the above field and shall be considered as an original signature for all purposed and shall have the same force and effect as an original signature.

14. Name of the CE Contact for Emergency Procurement:

First Name: _____ Last Name: _____

Position Title: _____

Email Address: _____

Phone Number: _____

By documenting this information, the Contracting Entity is confirming that all information is true and correct.