

CERTIFICATION OF NEED FOR RESTRICTIVE SPECIFICATION

UAF 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 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 FAIRBANKS

**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: _____

If for services:

Only known source(s) of services: _____

Description of Services: _____

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: _____

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 _____

Type Name and Title

Telephone Number

*If the department has determined that their need can be met by a specified list of vendors, competition will be limited to those vendors only.