

# Special Purchases

The following justification is required for all proposed special acquisitions exceeding \$10,000.00. This procedure neither authorizes nor recognizes the informal collections of unsolicited quotations as a valid basis for approval.

1. Indicate the proposed product/service being requested (brief description/model #):

Install liner to wastewater lagoon

2. Indicate the proposed vendor name and contact information:

Vendor Name	FEC
Vendor Address	7300 Tara Rd Edina MN 55439
Vendor Contact Name	went thru Mark Sullivan - Midwestern Eng.
Phone/Cell #	
Fax #	
Email Address	msullivan@midwesterneng.com

3. Indicate the total cost for the proposed product/service being requested. If this purchase will have a recurring annual cost to the \_\_\_\_\_, please indicate the per year price below:

Year 1: \$	
Year 2: \$	
Year 3: \$	
Other Cost: \$	
Total Cost: \$	205,160.00

Trenching - Striegel Design \$110,000.00

4. Indicate the account number(s) to be used for the proposed purchase:

ARPA-County

Listed below are some conditions where a single/sole source may be justified. Please check those appropriate.

- Emergency Conditions:** When there exists, under emergency conditions, a threat to public health, welfare, or safety.
- Compatibility of equipment, accessories, or replacement parts:** (1) Compatibility of equipment, accessories, or replacement parts is a substantial consideration in the purchase; and (2) only one (1) source meets the university's reasonable requirements.
- Unique Product/Services:** Products/services with unique/proprietary features limited to one (1) source and where no comparable product/service exists.

5. Provide details to justify your reason for single/sole source based on conditions above.

lagoon was leaking

6. If other products or services have been evaluated and deemed unsuitable, please indicate vendor, item/service and your rationale for exclusion. Attach any relevant correspondence and/or price quotes for other products/services considered. If no other products/services have been evaluated, please note how reasonableness of price was determined.

NA

7. Will this purchase obligate the Town to this vendor for future purchases, for example maintenance, licensing or continuing need? Provide details.

NA

Special Purchases #SP:

I certify the facts and information provided are complete and accurate to the best of my knowledge and belief and, further, I have no financial interest or conflict of interest with the cited vendor.

**Requestor:**

Printed Name Karen Gray

Dept/Title Clerk/Trea

Email \_\_\_\_\_

Signature Karen Gray

Date 12-13-23

**Approval:**

Printed Name \_\_\_\_\_

Dept/Title \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_