INSTRUCTIONS: Complete this form and maintain in your files as justification of a single/sole source bid.

Impact Fund Award ID#			
Administrator (Organization) Name			
Name of the Single/Sole Source			
Single/Sole Source Street Address			
City	State	Zip Code	
Single/Sole Source Contact Name	Phone		
Single/Sole Source Contact Email			

1. State the purpose of the services and materials procured:

2. Description of the work the single/sole source is expected to perform:

(Provide an overview of deliverables. You may also attach a copy of the contract or other document to this form):

3.	Describe the single/sole source entity and provide justification for utilizing this single/sole source: (Reference the source's geographic location, specialized knowledge and/or relationships, specialized equipment, and all other factors that contribute to the decision to administer a single/sole source procurement. A single/sole source procurement may <u>not</u> be based solely on convenience and/or prior relationships with a potential source.)
4.	Explanation of how the amount to be paid was determined:
5.	Description of the search conducted to locate potential sources:
	AL CIRCUMSTANCES RELEVANT TO THIS PROCUREMENT OF SERVICES AND/OR MATERIALS.
	Geographic location Specialized knowledge/Subject matter expert/Community relationships

☐ Other. Please Describe:

☐ Specialized Equipment Required☐ Funder Designated Sub-Recipient

I certify that:

- 1) I recognize that the Impact Fund requires the use of competitive grant award processes unless only one entity is reasonably able to meet the Impact Fund Award's intended purpose and objectives;
- 2) The amount to be paid for services and materials is fair, reasonable, and provides the best value to Minnesota Housing;
- 3) This single source procurement is not the result of inadequate advance planning or for purposes of securing the services of a preferred provider;
- 4) This single source procurement is not the result of collusion; and
- 5) Administrator has avoided and, prior to procurement, disclosed to Minnesota Housing any and all actual, potential, or perceived* conflicts of interest, and procured services and materials in accordance with its policy to manage conflicts of interest.
- *A conflict of interest, actual, potential, or perceived, occurs when a person has actual or apparent duty or loyalty to more than one organization, including Minnesota Housing, and the competing duties or loyalties may result in actions which are adverse to one or more parties. A potential or perceived conflict of interest exists even if no unethical, improper or illegal act results from it.

Administrator's Authorized Signature			
Nome and Title.	Data		
Name and Title:	Date:		
Administrator's Executive Director, Finance Director, or other Authorized Signature (different			
signatory than above)	3		
signatory than above)			
Name and Title:	Date:		