JUSTIFICATION FOR SOLE SOURCE/SOLE BRAND

Requisition Number:_____ Date:_____

Requested Item or Service _____

This is a request for (please check one):

☐ **Sole Source:** Item or Service is available from only one vendor. Item is a one-of-a-kind item and is not sold through distributors. Manufacturer is the sole distributer. Service provider holds a unique set of skills or expertise making it impossible for anyone else to meet the needs of the University.

☐ **Sole Brand:** Various vendors can supply the specified model and brand and competitive bids will be solicited for the requested brand only.

Refer to ICSUAM Section 5206.00 Limits on Competition for required sole source criteria before completing this form located at http://www.calstate.edu/icsuam/documents/Section5000.pdf.

JUSTIFICATION:

Briefly describe why the requested item or service is needed.

Document the unique performance and product features required or service required which is unique to the vendor specified and why the requested vendor is the only vendor able to comply.

Document comparable products evaluated and why they do not meet the University's needs or document services evaluated by comparable vendors and why they do not meet the University's needs.

(If additional space is needed, please attach a separate sheet of paper)

DEPARTMENT CERTIFICATION: I am aware of the State and CSU requirements for competitive bidding and established criteria for justification for sole source/sole brand purchasing. As an approved department representative, I certify that technical information was gathered and a concentrated effort was made to review comparable/equal products and/or services. This is documented in this justification. I hereby certify as to the validity of the information and feel confident this justification for sole source/sole brand meets the State's criteria and would withstand an audit by the State Board of Control or a vendor protest.

_____ _____

Requestor/PI (Sign & print name) Date Dean/Chair/Administrator (Sign & print name) Date

_____ _____

Pre-Award Approval (If applicable) Date Post-Award Approval (If applicable) Date

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Procurement Approval: _____

Signature Print Name Date

VP for Business & Finance Approval: _____

(Required $100,000 and over) Signature Print Name Date

Chancellor's Office Approval: _____

(Required $250,000 and over) Signature Print Name Date

Print Clear

Revised 02/04/2015