

**INSTRUCTIONS:**

The State of California and the CSU system are committed to a program of active competition in the purchase of supplies, equipment and services, and require that all purchase/contracts from State-controlled funds be open and competitive. A sole source/brand request cannot be considered unless it clearly demonstrates that no other comparable products or sources can meet the functional needs of the University. Brand preference and time constraints may not be used as reasons for bypassing normal purchasing procedures. Competitive procurement procedures will be used unless the rationale presented clearly meets the State's criteria for sole source or sole brand processing.

When a request is made for a non-competitive purchase and the specifications limit the bidding to one source and/or one brand or trade name, the ordering department must include a written justification containing the following information:

- A. The unique performance factors of the product specified.
- B. Why these factors are required.
- C. What other products have been evaluated, rejected, and why (a minimum of two vendors in addition to the one requested must be contacted).

If the justification submitted is not sufficient, the requisition will be returned to the ordering department requesting additional information. Submission of this justification form does not indicate automatic approval, and it is not approved until all appropriate signatures have been obtained.

Please complete the following (print or type):

Request/Justification for:

- SOLE SOURCE:** Item is available from one vendor only. Item is one-of-a-kind and is not sold through distributors. Manufacturer is sole distributor.
- SOLE BRAND:** Various vendors can supply the specified brand and model and competitive bids will be solicited for the requested brand only.

REQUISITION NUMBER: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

ITEM/SERVICE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Attach separate sheet(s) if space provided is not sufficient.

1. What are the unique performance features of the product or brand requested that are not available in any other product or brand? (Services: What unique qualifications does this vendor possess?)
  
2. Why are the unique performance features **REQUIRED** (not merely preferred), and how would your program be inhibited without this particular service/item?
  
3. What other items or brands were evaluated, rejected, and why? Provide brand name, model, vendor name and contact, date contacted, and prices quoted. A minimum of three vendors/brands must be surveyed. (Services: What other vendors were evaluated, rejected and why?) (Note: Rejection can only be based on the inability to meet one or more of the **REQUIRED** performance features listed in question 1.)

## Procurement and Contracts (Purchasing) Sole Source/Brand Justification Request Form

4. If justification is based on matching and/or intermembering with existing equipment, list the quantity, manufacturer, brand, and model(s) of the existing equipment, and why the matching/intermembering is required.

### DEPARTMENTAL CERTIFICATIONS AND APPROVALS

I am aware of State of California and CSU requirements for competitive bidding and the necessity for providing justification for limiting or eliminating opportunities for vendors who would like to do business with the State. I certify that the required technical information has been gathered and that a concentrated effort was made to review all comparable products and sources for this purchase/service as documented. I hereby certify the validity of the information contained herein and feel confident the justification meets the State's criteria and will withstand a vendor protest or audits by the State Auditor General or other agencies. In the event of a protest, I understand I may be called upon to personally appear at a hearing to substantiate the validity of the justification.

Reference CSU Policy: [CSU Contract and Procurement Policy: Internal Compliance Audits \(Section I\)](#).

**Requestor:**

*Signature Required*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME/TITLE

\_\_\_\_\_  
DATE

**Dean/Chair/Administrator:**

*Signature Required*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME/TITLE

\_\_\_\_\_  
DATE

**Division VP:**

*Signature Required*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME/TITLE

\_\_\_\_\_  
DATE

### FOR PROCUREMENT AND CONTRACTS OFFICE USE ONLY

**Director, Procurement and Contracts Approval:**

*(Required for all Purchases)*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**Vice President, Administration and Finance Approval:**

*(Required for purchase requests totaling \$100k & over)*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**Chancellor's Office Approval:**

*(Required for purchase requests totaling \$250k & over)*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE