



Sole Source/Brand Request

This form must be completed and submitted with your requisition and additional supporting documentation. Incomplete justification or documentation for a request for a noncompetitive procurement will result in delays or a solicitation of bids. CSUSM Corporation reserves the right to solicit competitive proposals or sealed bids for any procurement.

GENERAL INFORMATION			SUPPLIER INFORMATION	
Project #:			Supplier Name:	
Requisition #:			Contact Name:	
Procurement Type:	Supplies Independent Contractor	Equipment Lease Services	Email/Phone:	

SOLE SOURCE/BRAND JUSTIFICATION

Determine why the supplier is a sole source, what characteristics require that it be procured from only this supplier, and/or why the supplier is uniquely able to provide the item or service. Check all that apply.

- | | |
|--|---|
| Owns a proprietary process or license | Maintain consistency of products during research testing |
| Requires compatibility with existing equipment or services | Supplier is only one who can meet the time line |
| Designated exclusive distributor for this product or service | Start-up and orientation for new supplier is not cost effective given requirements Authorized by funding agency |
| Other (Explain in box below) | |

Choose the method used to attempt to find and qualify vendors. *Methods may include, but are not limited to:*

- | | |
|---------------------------------------|--|
| General internet market searches | Federal vendor lists (e.g., SBA, SAM, GSA) |
| CSUSM University Contract (No. _____) | Peer recommendations |
| CSU Master Contract (No. _____) | Publications/journals, trade shows, etc. |
| Other (Explain in box below) | |

CERTIFICATION

By signing this form I, the Project Investigator/Project Director certify that all the information in this form is truthful and accurate. In requesting the noncompetitive procurement with this vendor, I certify that, to the best of my knowledge, neither the principals, directors, owners, employees nor business associates (including respective family members) of the vendor selected are employees of CSUSM and/or CSUSM Corporation.

Print Name: _____ Signature: _____ Date: _____
 (Principal Investigator/Project Director) (Principal Investigator/Project Director)

CSUSM CORPORATION USE ONLY

Reviewed

Print Name: _____ Signature: _____ Date: _____
 (Executive Director or Designee)