



**NEVADA  
COUNTY**  
CALIFORNIA

**SOLE SOURCE AWARD REQUEST/ JUSTIFICATION FORM**

***NEVADA COUNTY PURCHASING DIVISION***

Date:

TO: Desiree Belding, CPPO, CPPB Deputy Purchasing Agent

FROM: \_\_\_\_\_  
(Requestor and Department)

RE: **REQUEST FOR:** ☐ **SINGLE SOURCE, NO SUBSTITUTE**  
☐ **SOLE SOURCE**

ITEM and/or SERVICES to included DESCRIPTION:

A request for a Single Source, No Substitute or Sole Source is required due to the following:

1. Function, compatibility
2. Chemical/Physical make-up
3. Must be identical because of (explain)
4. Exclusivity (proprietary- must include letter from Company that declares exclusivity)
5. Other: Explain: \_\_\_\_\_

Additional comments (Share your "Why"):

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Department Manager, CFAO or Director: \_\_\_\_\_

Deputy Purchasing Agent: \_\_\_\_\_