

## SOLE SOURCE AWARD REQUEST/ JUSTIFICATION FORM

## **NEVADA COUNTY PURCHASING DIVISION**

Please complete the following questions based on the Department making the purchase.

Date:		
TO:	Desi	ree Belding, CPPO, CPPB Deputy Purchasing Agent
FROM	[: <u> </u>	
		(Requestor and Department)
RE:	REQ	UEST FOR: □ SINGLE SOURCE, NO SUBSTITUTE
		□ SOLE SOURCE
ITEM a	and/or S	SERVICES to included DESCRIPTION:
A requ	est 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:
Additio	onal co	mments (Share your "Why"):
Departi	ment M	anager, CFAO or Director:
Deputy	Purcha	asing Agent: