



**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”):

Department Manager, CFAO or Director: _____

Deputy Purchasing Agent: _____