LOS RIOS COMMUNITY COLLEGE DISTRICT

Sole/Single Source Purchase Justification

Vendor:	
Commodity/Service:	
Estimated annual expenditure for the above commodity or service: \$:	
Pursuant to Purchasing Policy, Sole/Single Source purchase requests & approvals muperformed in advance and shall be supported by written documentation. This form appropriate supporting documentation fulfills that requirement.	
Initial all entries below that apply to the proposed purchase. Attach supp documentation and justification memo as described below (More than one entry will to most sole/single source products/services for purchase requested).	
1 SOLE SOURCE REQUEST IS FOR THE ORIGINAL MANUFACTURER OR PROVIDER, THER NO REGIONAL DISTRIBUTORS. (Attach the manufacturer's written certification that no r distributors exist. Item no. 4 also must be completed.)	
2 SOLE SOURCE REQUEST IS FOR ONLY GREATER SACRAMENTO AREA DISTRIBUTOR OF ORIGINAL MANUFACTURER OR PROVIDER. (Attach the manufacturers — not the distribute written certification that identifies all regional distributors. Item no. 4 also must be completed.)	
3 THE PARTS/EQUIPMENT IS NOT INTERCHANGEABLE WITH SIMILAR PARTS OF ANOMANUFACTURER. (Explain in separate memorandum.)	OTHER
4 THIS IS THE ONLY KNOWN ITEM OR SERVICE THAT WILL MEET THE SPECIALIZED NET THIS DEPARTMENT OR PERFORM THE INTENDED FUNCTION. (Attach memorandum with of specialized function or application.)	
5 THE PARTS/EQUIPMENT IS REQUIRED FROM THIS SOURCE TO PERMIT STANDARDIZA (Attach memorandum describing basis for standardization request.)	ATION.
6 CALIFORNIA MULTIPLE AWARD SCHEDULE (CMAS)PURCHASE CONTRACT NO: 7 "PIGGY-BACK"/UMBRELLA PURCHASE ON ANOTHER GOVERNMENT ENTITY'S CONTRA	CTS
8. NONE OF THE ABOVE APPLIES. A DETAILED EXPLANATION AND JUSTIFICATION FOR SOLE SOURCE REQUEST IS CONTAINED IN ATTACHED MEMORANDUM.	
The undersigned requests commodities and services to be procured from the vendor identified sole/single source supplier of the service or material described in this sole/single source justification is authorized as a sole/single source for the service or material.	
AUTHORIZED SIGNATURE – Dean/Department DATE	
AUTHORIZED SIGNATURE – VPA/BSO DATE	
SOLE/SINGLE SOURCE AUTHORIZATION:	
(PURCHASING USE ONLY)	
☐ APPROVED ☐ DISAPPROVED	
By: Date:	

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