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## Sole Brand Justification

**To:** \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Fiscal Administrator

**From:** \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Name of Principal Investigator, Department Head, Administrator

**Dept.:** \_\_\_\_\_

**Subject:** Sole Brand Justification  
Description \_\_\_\_\_  
\_\_\_\_\_

**Purpose:**

*This form must accompany competitive procurements of goods or services where only a single brand will be considered (purchases from cooperative purchase agreements and price lists excepted). The purpose of sole brand justification is to show that only one brand of a product or service can meet a specific need. Therefore, an equitable evaluation of different brands of comparable products or services must be made and documented which shows that rejection of other brands of products or services is based solely on their failure to meet that need. Sole brand justification cannot be based on quality or price because quality can be a subjective evaluation based on opinion and price considerations should be evaluated via competitive quotations.*

**Statement:**

I. The requested brand of goods or services has unique or special design/performance features, characteristics or capabilities which are essential and required in order to accomplish my objective. **Both A and B portions of this category must be answered.**

A. These features and reasons why each is essential to my needs are:

B. In addition to the brand of goods or services requested, I have contacted other suppliers and considered their product or service of similar capabilities. I find their product or service unacceptable for the following reasons (identify companies contacted, model number, if applicable, and specific technical deficiency):

II. If the requested brand of goods or services is not purchased, it will have the following impact on the program/project:

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**Certification:**

I certify that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Full Name of Principal Investigator, Department Head, or Administrator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPROVED:

\_\_\_\_\_  
Full Name of Fiscal Administrator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPROVED / DISAPPROVED:

\_\_\_\_\_  
Director, Office of Procurement Management (if applicable)

\_\_\_\_\_  
Date