**Request to Procure “Brand Name Only”**

**Division of Purchasing (DOP)**

**E-mail Completed Request Form to:** purch@lcsc.edu

|  |  |
| --- | --- |
| Agency Purchasing Representative (name): |  |
| E-mail/Phone:  |  |
| Name of Agency: |  |
| Request for the Purchase of:  |  |
| Name of Manufacturer (Brand Name): |  |

[*IDAPA 38.05.01.111.05*](https://adminrules.idaho.gov/rules/current/38/380501.pdf) *provides that brand name specifications may be utilized if the administrator or designee makes a written determination that the requirement for the brand name is justified, based on the needs of the State. Brand name products must be competitively bid to the greatest extent practicable.*

**Background and Justification** (*attach additional sheets as needed*; *include a statement that confirms the item is not available through an Open (statewide mandatory use) contract AND include specific details about the research you performed to determine that there are no equivalent products and/or how you confirmed that similar items would not meet your requirements*):

***Agency Certification:*** *The information provided above is true and accurate to the best of my knowledge, and supports the requirement for a brand name specification, in the best interest of the State:*

*Agency Requestor (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Agency Purchasing Representative (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Approved** **Rejected** DOP Administrator Signature \_\_\_\_\_\_

DOP Administrator Printed Name\_\_ \_\_\_\_\_\_

Date