# BRAND NAME JUSTIFICATION

**This form is required for all brand specific procurement. If procurement is over $25,000, please complete and submit with your Purchase Requisition to Procurement & Contract Services****. If procurement is $25,000 or less, retain in your departmental files and submit copy with** **BPA (Banner Payment Authorization) or P-Card report.**

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| **Brand Name Justification:** ARM (Administrative Rules of Montana) 2.5.501, allows a contract to be awarded for a specific brand name supply or service item under certain circumstances. Brand specific procedures do not apply if the Total Contract Value is less than $10,000. Only authorized procurement personnel shall make the determination as to whether the procurement shall be made as Brand Specific. Please note that this does not exempt this purchase from the competitive procurement process. A Limited Solicitation, IFB (INVITATION FOR BID) or RFP (REQUEST FOR PROPOSAL) will be issued as required, however, only vendors that can provide the specific brand will be considered for award. |

**Examples of what is allowed vs not allowed for Brand Name Purchase:**

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| **Eligible for Brand Name Purchase** | **Not Eligible for Brand Name Purchase** |
| * The compatibility of current services or equipment, accessories, or replacement parts. | * Personal preference for a product or vendor (used vendor in the past). |
| * There is no existent equivalent product. | * The vendor was recommended by a co-worker. |

**Department Name:**       **Date of Request:**

**Contact Name:**

**Contact Phone #:**

**Contact Email:**

1. **Estimated Total Contract Value (cost) of Product or Service:** *$*

Include the initial purchase price, any shipping, warranties, options, etc. as well as any options to renew the contract or purchase order. The maximum contract term is 7 years for non-IT purchases and 10 years for IT (Information Technology) purchases.

1. **Brand Name of Product:**

List brand name and model number(s) of your required product:

1. **What do you need? Describe your required components, attributes, capabilities of product and/or service:** For example: capacity, features, performance, size, compatibility. This should be a list of specifications you require and NOT a list of product features off a pamphlet or website.

1. Is this product or service supplier specifically identified in the Sponsored Program grant/contract (pay from index 4W####)? Yes  No

**If YES**, attach a copy of the relevant pages of the OSP (Office of Sponsored Programs) grant/contract documentation *(not just the budget page*), highlighting where the item appears in the grant and **SKIP to Question #8 below.** Please note: EFAC and CFAC funds are not considered grants for Procurement purposes.

1. How was this product selected? Describe the market research you performed to reach this decision. *This must be an objective search and not opinions or recommendations (i.e., web search, product literature, samples)*.
2. List the other manufacturers/suppliers of similar items that can meet at least some of your requirements in #3.
3. Provide specific details on what required attributes/capabilities from #3 are not met by each of the other products or suppliers listed in #6. As an alternative, you may create a table or matrix to easily show what required features are not met by the competitors.
4. **Conflict of Interest Statement:** Is there a potential Conflict of Interest in recommending this product and/or service as a Sole Source procurement? *If there is a potential conflict of interest, please contact Procurement & Contract Services.*

Yes;  No

1. **Determination:** By signing below, I certify that the information submitted on this form is complete and accurate and there is not a potential conflict of interest. I understand that the Director of Procurement & Contract Services will make the final decision to approve or disapprove the Brand Name procurement for purchases exceeding $25,000.

**Your Name**:

**Title:**       **Date:**

*I certify that the above statements are correct, and I am qualified to attest to the validity of the information provided.*

**Requestor’s Signature:**

REQUIRED FOR***BRAND SPECIFIC PURCHASES*** WITH A TOTAL CONTRACT VALUE **$10,000** OR MORE ONLY

\_\_\_\_\_ Approval of Brand Specific Procurement – Solicitation Required – see Next Steps below based on the Total Contract Value of your purchase.

Sole Source Review Committee Date

**(Required)**

Director of Procurement & Contract Services, Montana State University Date

**(Required above $25,000)**

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| **NEXT STEPS:** If the Total Contract Value is **$25,000 or less** (Total Cost for the life of the Contract):   * Retain completed, approved PD-13 BNJ (Brand Name Justification) form at Department. * Issue a Limited Solicitation for this Brand of Product and record bids on PD-20 Bid Tabulation Form. * Submit a copy of PD-13 BNJ and PD-20 with BPA or P-card report. * Departmental Purchase Order must be issued unless paying with a P-Card. To receive a p-card increase for this purchase, send completed PD-13 BNJ form, PD-20 Bid Tabulation form and vendor’s quotes to [procurement@montana.edu](mailto:procurement@montana.edu) for approval of one-time p-card increase. |

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| **PURCHASES OVER $25,000**  Submit the following to Procurement & Contract Services so they can issue Purchase Order and/or Formal Solicitation (for purchases $100,000 or more) for this purchase:   * Signed PD-1 Purchase Requisition * Complete specifications of the item required * Grant Documentation (if Applicable) * If **Total Cost is Between $25,000 and less than $100,000**, include viable quotes from at least three vendors * Procurement & Contract Services must issue a Formal Solicitation such as Invitation for Bid for purchases $100,000 or more Total Contract Value. |