

Justification for Items Peculiar to One Manufacturer

Requestor

All fields denoted with an asterisk (*) are required fields in order to submit a new item request. If any of these fields are not filled an automated message will remind you.

| | | | |
|-----------------------|----------------------|---------------------|----------------------|
| Requestor's Name: * | <input type="text"/> | Title: * | <input type="text"/> |
| Requestor's E-mail: * | <input type="text"/> | Phone: * | <input type="text"/> |
| Organization Name: * | <input type="text"/> | Date of Submission: | <input type="text"/> |
| Department Name: * | <input type="text"/> | | |

Do you have any relationship - business, financial, personal, or otherwise - with the supplier of this product or any of the supplier's representatives? *

Product Information

All fields to be completed by person requesting evaluation.

| | | | |
|---------------------|----------------------|-----------------------|----------------------|
| Type of Product: * | <input type="text"/> | Brand Name: | <input type="text"/> |
| Name & Description* | <input type="text"/> | Product Manufacturer | <input type="text"/> |
| Mfr/Sales Rep: | <input type="text"/> | Mfr Web Site: | <input type="text"/> |
| Sales Rep Phone: | <input type="text"/> | Mfr/Sales Rep e-mail: | <input type="text"/> |
| Distributor Name-PV | <input type="text"/> | Distributor Part #: | <input type="text"/> |

Stock Number Currently Exists

Place stock number in box to the right

Request For New Stock Number

| | | | |
|--------------------|----------------------|-------------------|----------------------|
| Plant Name | <input type="text"/> | Location Address | <input type="text"/> |
| Approved Source | <input type="text"/> | Establishment # | <input type="text"/> |
| For Seafood VETCOM | <input type="text"/> | USDC | <input type="text"/> |
| Manufacturer SKU# | <input type="text"/> | Country of Origin | <input type="text"/> |

Select One FRESH FROZEN REFRIGERATED SHELF STABLE CANNED OTHER

Description

Variety/Color/Flavor

For Meats NAMP/IMPS# Weight Range Grade

Processing Raw Precooked Fully Cooked Other (Please Specify)

Battered Breaded Marinated Seasoned

Cut Chopped Diced Shredded Sliced Ground

Pack Bulk Individually Wrapped Portions Weight Count/LB Unit of Measure

Portion Size Units Per Case Purchase Ratio Factor

Can/Container Size

Container Material

Manufacturer Shelf Life Data Code Breaker

Code Breaker Sheet Included

NAPA Allowance

Product Usage

1. State primary reason for initiating this new product request:

2. Is there a benefit to the war fighter not currently satisfied by the current products used?

3. If Yes, explain.

4. Is there currently a product in the Subsistence Prime Vendor catalog performing the same function?

5. If Yes, please list the name, manufacturer, and manufacturer code

6. Please check all applicable reasons for request

Current Item is Impracticable

Health/Safety Requirement

Required by Law or Regulation

Shelf Life Requirements

Other (Please Specify)

7. If this new product is replacing an existing product, please list existing product name, manufacturer, manufacturer catalog codes

8. Please provide the following information for the proposed product:

Unit Price to be transmitted

As documented by attached invoice/price quote

Estimated Annual Usage

Estimated Annual Cost

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

9. Are there similar products on the market?

10. If Yes, please list the manufacturer(s):

Value Analysis

11. Explanation of why a particular brand name, product or a feature of a product, peculiar to one manufacturer is essential to the Government's requirements and why other companies' similar products do not meet, or cannot be modified to meet, the agency's needs.

12. Do you have information validating the performance of this product?

13. Specify facts supporting justification, including documentation (e.g. market research, comparison cuttings, cost, yield, information):

14. Similar product on contract: Yes No

Number used last F/Y

Projected use new product for this F/Y

Old Product Cost (each):

New Product Cost (each):

Annualized Cost Impact:

New Annualized Cost Impact:

15. Is this product available through a distributor?

16. A statement of the actions, the agency may take to remove or overcome any barriers that limit the Government's requirements to a brand name item before any subsequent acquisition for similar products is made:

17. When will this decision be re-evaluated?

18. The customer or technical personnel certify that the basis for the enclosed justification or documentation have been certified as complete and accurate. If affirmed by DSCP, I understand the requirements to use/consume all Prime Vendor's held inventory that this "new" item request will replace.

Customer or Tech Personnel Signature

Date

Thank you for your request. A DSCP representative will contact you shortly.

To be Completed by the Contracting Agency

To be completed by the Contracting Officer:

1. Contracting Officer's determination that the anticipated cost to the Government will be fair and reasonable:

2. The Contracting Officer certifies that this justification or documentation is accurate and complete to the best of the Contracting Officer's knowledge and belief.

Contracting Officer's Signature

Date

Item is hereby approved and authorized to be added to this Prime Vendor Catalog

Item is not approved

Reason:

Coordination Between:

Customer

Name

Date

Account Manager

Name

Date

Acquisition Specialist

Name

Date

All sole source item selections must be approved by your respective Service Headquarters. Once the request(s) are approved, please forward the sole source justification form to your appropriate DLA Troop Support, Tailored Vendor Logistics Specialist.