

For PD Use only
 LTB #:

Check one:
 One Time Acquisition
 Special Category Acquisition

 Expiration Date

LIMIT TO BRAND (LTB) STATEMENT

For use on all information technology (IT) and non-IT goods acquisitions.
 Attach to Std. 65 or Std. 66, as applicable.

This justification document consists of two (2) pages. All information must be provided and all questions answered. The "Required Approvals" section must include a date for each signature, as appropriate for the transaction. The LTB applies to the following methods of purchasing: competitive solicitations (informal/formal) and SB/DVBE Option.

| Requesting Department Information | | | | |
|---|---|---|--|---|
| Agency: | | Department: | | |
| | | (*Includes Boards, Commissions, and Associations) | | |
| Institution (if applicable): | | | | |
| Department Contact Information | | | | |
| Buyer Name: | | Street Address: | | |
| Telephone: () | | | | |
| FAX: () | | Mailing Address: | | |
| E-Mail: | | | | |
| Technical Contact Name: | | Telephone: () | E-Mail: | |
| Required Contract Information | | | | |
| Description of Commodity: | | | | |
| Brand/Model: | | | | |
| Original Contract Amount:* \$ (*Includes original contract and previously approved amendments) | Amendment Amount:* (if applicable) \$ (*Current amendment only) | Amended Contract Amount:* \$ (*Includes original contract and all amendments, including current amendment) | Contract Type (select one): <input type="checkbox"/> Non-IT Goods <input type="checkbox"/> IT Goods | Type of Award: CMAS _____ Master _____ Competitive _____ State _____ Contract _____ |
| Required Approvals | | | | |
| Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Dept. of General Services <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | |
| _____ Signature of Procurement and Contracting Officer/Date | _____ Signature of Director or Designee/Date | _____ Signature of Director or Designee/Date | | |
| _____ Print or Type Name of Procurement and Contracting Officer | _____ Print or Type Name of Director or Designee | _____ Print or Type Name of Director or Designee | | |

Signature Instructions

Department of General Services approval not required if contract value is under \$25,000 and proposed LTB transaction is within a department's approved Purchasing Authority Limit.

Complete responses must be provided for all of the following items.

THE COMMODITY REQUESTED IS RESTRICTED TO ONE BRAND NAME FOR THE REASONS STATED BELOW:

- 1. What are the unique performance factors of the product specified?**
(List each factor individually with an explanation of its purpose.)

- 2. Why are these specific factors required?**

- 3. What other products have been examined and rejected and why?**

NOTE: Pursuant to SAM 3555 purchase estimates submitted without adequate information in support of limiting competitive bidding will be returned to the originating agency. For the purposes of this statement, “adequate” is defined as substantive information or data. Any missing information may delay the processing of this request or result in the return of this form to the customer agency pursuant to SAM 3555.

Remit completed form to: Department of General Services
Procurement Division
Attn: Intake and Analysis Unit
707 Third Street, 2nd Floor, MS: 201
West Sacramento, CA 95605