

Information about the company and/or individual submitting Form PPRB-001

Company Name: Individual Contact Name: Mailing Address: Email Address: Phone Number: Date Form Submitted:

Information about the purchasing agency

Agency Name: RFIN (Sole-Source Notification) Number, if known: RFIN (Sole-Source Notification) Date, if known: Proposed Service Provider Name: Type of Service:

Provide a detailed explanation of why the proposed vendor is not the only provider of the service:

Explain why you believe that you, your company, or another entity can provide the service required by the Agency: