



## Sole Source Acquisition Request

1. Fully describe the product(s) and/or service(s) being requested.

Each year the BOS has approved funding for the Veterans Memorial Museum (VMM) to partially fund the promotion, improvement, operation or maintenance of the VMM building located in Fresno. The VMM provides recognition of all veterans, with a focus on Fresno County veterans, displays objects associated with our Country's wars. VMM has a corridor of flags recognizing each of the U.S. Military Services and county veterans groups have been featured in displays and a "Lobby of Honor" displays materials with a listing of County recipients.

2. Identify the selected vendor and contact person; include the address, phone number and e-mail address for each.

Fresno Veterans Memorial Museum: Bob Specht Museum Director/CEO, 2425 Fresno Street, Fresno, CA 93721; 488-0510; fresnovetsmuseum@yahoo.com

3. What is the total cost of the acquisition? If an agreement, state the total cost of the initial term and the amounts for potential renewal terms.

The BOS 2017-18 Adopted Budget will allocate \$20,000 for the Veterans Memorial Museum

4. Identify the unique qualities and/or capabilities of the service(s) and/or product(s) that qualify this as a sole source acquisition.

VMM is the nation's senior organization of veterans chartered by Public Law 224, and act of Congress, and approved by the President on August 4, 1955. VMM is an association of those whose valor has been recognized by award of our nation's two highest decorations: The Medal of Honor of the Navy, Army and Air Force and the Distinguished Service Cross. VMM operates the Fresno Veterans Memorial Building at 2425 Fresno Street, Fresno, CA 93721 and as such is the only vendor suited and equipped to promote and preserve this historical building and its contents. For many years the County has desired to honor Fresno County's veterans and preserve its military history through providing an annual contribution to partially fund the VMM.

5. Explain why the unique qualities and/or capabilities described above are essential to your department.

Please see number 4, above

6. Provide a comprehensive explanation of the research done to verify that there is only a sole vendor that is capable of providing the required service(s) and/or product(s). Include a list of all other vendors contacted with regard to providing the requested product(s) and/or service(s) and indicate their response.

No additional research conducted beyond the information cited above.

julopez 8/9/2017 11:30:23 AM

Requested By:

Sr. Admin Analyst

Title

[\[Sign\]](#) Double click!

**I approve this request to sole source for the service(s) and/or product(s) identified herein.**

Dpaolinelli 8/9/2017 11:36:16 AM

Department Head Signature

[\[✕ Sign\]](#) Double click!

gcornuelle 8/14/2017 12:18:35 PM

Purchasing Manager Signature

[\[✕ Sign\]](#) Double click!