



BEAUMONT
 550 E. 6th Street
 Phone (951) 572-3236
 BeaumontCa.gov

Sole or Single Source Justification Form

*Please note this is for non-public works projects only

SSJ #: _____

Date: 10/21/2025

Requesting Department: Finance

Submitted by: Jennifer Ustation

Subject: Single Source

The information below is provided in support of my department requesting approval for a Sole/Single Source Justification. The submittal of this form does not guarantee that this SSJ will be approved.

1. Vendor Being Requested: HDL Ceren + Cone (Hinderliter)

2. Single Source or Sole Source

3. Have you previously requested and received approval for a Sole or Single Source request for this vendor for your department? (If yes, please provide the approved sole or single source number).

YES SSJ# _____ NO

3a. Was the request previously approved for a different project?

YES NO

4. Supply/Service being requested:
 Tax consulting/audit services

5. Unique features of the Supply/service being requested from this vendor? (What are some features of this vendor that makes them unique/different then other vendors alike? Why is this considered a single or Sole source?)

Property tax consulting, limited vendors, extensive experience, historical excellent performance

6. Reasons why my department requires those unique features from the vendor and how will this benefit the city? (How does this vendor's uniqueness benefit the city or department?)

Ensures accurate revenue collections, performs audits for revenue recovery



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7. Period of Performance: From: Oct 2025 to Oct 2030
 Please note the period of performance is the length of the contract, received proposal and the effective and expiration date of this SSJ.

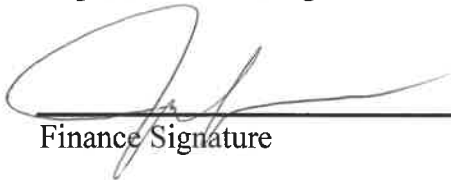
8. Identify all costs for this requested purchase. If approval is for multiple years, then identify costs per Fiscal year.

Description	Amount for FY <u>26</u>
Personnel	
Operating Expenses	
Other costs:	<u>17,078</u>
Total:	

9. Price Reasonableness:

10. Approvals:

Department Head Signature _____ Print Name: _____ Date: _____



Jennifer Ustation

10/21/25

Finance Signature _____ Print Name: _____ Date: _____

Approver Signature _____ Print Name: _____ Date: _____

This section below is to be completed by the Finance Department:

Date received on:

Input by:

SSJ #:

Comments: