



**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.

- Vendor Being Requested: Hinderliter de Llamas (HDL)
- Single Source or  Sole Source
- 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: Sales Tax analysis, forecasting, audit recovery

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?)

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. 2020 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.

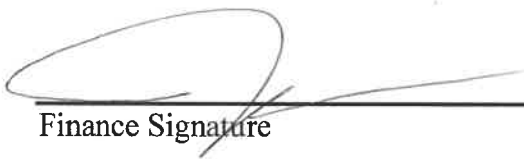
8. Identify all costs for this requested purchase. If approval is for multiple years, then identify costs per Fiscal year.

Description	Amount for FY <u>26</u>
Personnel	
Operating Expenses	
Other costs:	<u>\$16,650</u>
Total:	

9. Price Reasonableness:

10. Approvals:

Department Head Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

 \_\_\_\_\_ Print Name: Jennifer Ustation Date: 10/1/25

Approver Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**This section below is to be completed by the Finance Department:**  
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Date received on:  
 Input by:  
 SSJ #:  
 Comments: