

NON-COMPETITIVELY BID (NCB) CONTRACT JUSTIFICATION

For use on Information Technology (IT) and non-IT goods and services acquisitions pursuant to State Contracting Manual Volumes 1, 2, 3 & F.
 Attach Std. 821, as applicable.

All information must be provided and all questions must be answered. The "Required Approvals" section must include a date for each **original** signature, as appropriate for the transaction.

Department Information			
Agency:			
Department:			
Address:			
City:	State:	Zip Code:	
Agency Billing Code:			
Department Representative Information			
Contact / Buyer's Name		Technical Contact Name	
Name:	Name:	Name:	
Telephone:	Telephone:	Telephone:	
E-Mail	E-Mail:	E-Mail:	
Contractor Information			
Name:			
Address:			
City:	State:	Zip Code:	
Required Contract Information			
Contract Type: <input type="checkbox"/> Non-IT Goods <input type="checkbox"/> Non-IT Service <input type="checkbox"/> IT Goods <input type="checkbox"/> IT Service <input type="checkbox"/> IT Goods & Services <input type="checkbox"/> New Proprietary Software <input type="checkbox"/> Existing Proprietary Software	Contract Term Begin: _____ End: _____ Explain the late contract submittal (services only)	Original Acquisition Method <input type="checkbox"/> Leveraged Procurement Agreement <input type="checkbox"/> Competitive <input type="checkbox"/> Form 42	Has work commenced? <input type="checkbox"/> No <input type="checkbox"/> Yes Have goods been acquired? <input type="checkbox"/> No <input type="checkbox"/> Yes Attach explanations for "Yes" answers.
Original Contract Amount Excluding:* \$ (Includes original contract and previously approved amendments)	Total 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)
Provide a brief description of the acquisition:			
Required Approvals			
Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Director or Designee/Date _____ Print Name of Director or Designee See instructions below	Agency <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Agency Secretary or Designee/Date _____ Print Name of Agency Secretary or Designee See instructions below	Dept. of General Services <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Director or Designee/Date _____ Print Name of Director or Designee	

*Excluding sales and use tax, finance charges, postage and handling. Shipping charges are also excluded from the dollar threshold limits unless the shipping charge is included in the evaluation such as Free On Board (FOB) Origin, Freight Collect or FOB Destination.

Submit completed original form to:
 Department of General Services, Procurement Division
 Dispute Resolution Unit
 707 Third Street, Second Floor
 West Sacramento, CA 95605

Signature Instructions for Agencies with an Agency Secretary

This form requires approval by Agency Secretary or Agency Undersecretary and the department director or designee. The Agency Secretary may designate one person, in addition to Agency Undersecretary, to sign on his/her behalf, of cabinet officer level (e.g., Assistant Undersecretary, Deputy Secretary, etc., the actual title is dependent upon the Agency's organizational structure). The department director may delegate review and approval authority to his/her deputy directors and/or the Procurement and Contracting Officer. The director's designee shall send ratification notification to their director upon the designee's approval of the NCB transaction. The typed name and signature must match for both signatures. **All signatures must be originals.**

Signature Instructions for Agencies that do not have an Agency Secretary

This form requires approval by the highest ranking executive officer or designee. The highest ranking officer may designate one person to sign on his/her behalf subject to DGS approval. The highest ranking officer may delegate review and approval authority to his/her deputy directors and/or the Procurement and Contracting Officer. The designee shall send ratification notification to their highest ranking executive officer upon their approval of the NCB. The typed name and signature must match. **All signatures must be originals.**

NCB Contract Justification Form and Additional Documents

Departments must use this form when submitting an NCB request. No substitute format will be accepted. DGS/PD may require departments to submit additional documentation to support analysis of the justification. Additional documentation may include, but is not limited to the statement of work, cost breakdown, funding source, grant funding, resumes, etc.

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

A. THE ACQUISITION REQUESTED IS RESTRICTED TO ONE SUPPLIER FOR THE REASONS STATED BELOW:

1. Describe the acquisition being requested and why it is restricted to this good/service/supplier.

(For an amendment, explain what is being amended?)

2. Provide the background of events that prompted this request.

(For non-IT and IT goods, include the unique performance factors and explain why they are required?)

3. What are the consequences of not purchasing the good/service or contracting with the proposed supplier?

4. What criteria were used in the market research to substantiate no competition, including evaluation of other goods/services?

(Provide a narrative of the extent of your market research to include suppliers contacted or an explanation of why market research was not conducted. For non-IT and IT goods, also include what other products were examined and why they were rejected?)

B. PRICE ANALYSIS:

1. How was the price determined to be fair and reasonable?

(Explain and provide the basis of your comparison to include market rates, contract pricing, historical pricing, cost breakdown, etc., as applicable.)

2. Describe any cost savings realized or costs avoided by acquiring the goods/services from this supplier.

(Quantify and substantiate the cost savings realized or averted costs. The information provided must include numbers/data in addition to the narrative that describes and supports the cost savings realized or avoided by acquiring the goods/services from this supplier.)

C. CORRECTIVE ACTION PLAN:

This section must be completed if the NCB is being submitted due to insufficient time to complete the competitive acquisition process, the good/service could have been competitively bid or is available through an LPA, or is being submitted outside the required NCB processing timeframe as identified in SCM Volumes 1, 2, 3, & F. This does not apply to emergency procurements in accordance with PCC Sections 10302, 10340(b)(1) and 12102(a)(2).

1. How will your department ensure adequate planning to prevent submittal of NCB's for goods or services that should have been competitively bid?

(Outline in detail the department's plan to maximize the use of competitive bidding for this acquisition. Failure to follow the Corrective Action Plan may impact the department's delegated purchasing authority. This plan must be kept on file for future auditing purposes)