

NON-COMPETITIVELY BID (NCB) CONTRACT JUSTIFICATION

For use on all information technology (IT) and non-IT goods and services acquisitions.
 Attach to Std. 65, Std. 66 or Std. 821, as applicable.

This justification document consists of two (2) pages. All information must be provided and all questions must be answered. The "Required Approvals" section must include a date for each signature, as appropriate for the transaction.

Requesting Department Information

Agency:	Department: <small>(*Includes Boards, Commissions, and Associations)</small>
Institution (if applicable):	

Department Contact Information

Contact/Buyers Name:	Street Address:	
Telephone: ()	Mailing Address:	
FAX: ()		
E-Mail:		
Technical Contact Name:	Telephone: ()	E-mail:

Required Contract Information

Contractor Name:				
Contractor Address:				
Original Contract Amount Excluding:**	Total Original Contract Amount:*	Amendment Amount:* (if applicable)	Amended Contract Amount:*	Has work commenced?
\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>(*Includes original contract and previously approved amendments)</small>	<small>(*Includes original contract and previously approved amendments)</small>	<small>(*Current amendment only)</small>	<small>(*Includes original contract and all amendments, including current amendment)</small>	Have goods been acquired?
				<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Attach explanations for any "Yes" answers.</small>

Provide a brief description of the acquisition, including all goods and/or services the contractor will provide:

(Use additional pages as necessary)

Contract Type and Term

Contract Type: Select One: <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	Contract Term: Begin: _____ End: _____ Explain late contract submittal (services only):	Type of Award: CMAS: <input type="checkbox"/> Master: <input type="checkbox"/> Competitive: <input type="checkbox"/> Form 42: <input type="checkbox"/>	Will this transaction be financed? No _____ Yes _____ If yes, attach the Statement of Compliance to the State Financial Marketplace to this form
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Required Approvals

Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Director or Designee/Date _____ Type Name of Director or See next page instructions	Agency <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Agency Secretary or Designee/Date _____ Type Name of Agency Secretary or See next page instructions	Dept. of General Services <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Director or Designee/Date _____ Type Name of Director or Designee
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**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

Remit completed form to: Procurement Division
 Intake and Analysis Unit
 707 Third Street, 2nd Floor, MS201
 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.

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.

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

A. THE GOOD/SERVICE REQUESTED IS RESTRICTED TO ONE SUPPLIER FOR THE REASONS STATED BELOW:

1. Why is the acquisition restricted to this good/service/supplier?

(Explain why the acquisition cannot be competitively bid. Explain if this is an emergency purchase or how the supplier is the only source for the acquisition and reference the PCC that applies, i.e., 12102, 10301/10302, or 10340.)

Ex: Only manufacturer of item, Emergency purchase, etc.

2. Provide the background of events leading to this acquisition.

How was it determined that this particular brand/model is the only one that will meet the business need. Describe items used in the past and why they no longer will work.

3. Describe the uniqueness of the acquisition (why was the good/service/supplier chosen?)

List the unique performance factors that this product has that others do not. What makes this good/service/supplier different from other in the industry.

Provide documentation to support statements or cite where the information can be found. Include supporting documentation showing how it was determined that other suppliers/manufacturers do not provide this unique characteristic.

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

Loss of life, Significant cost, Existing equipment already in place, etc.

Provide any applicable documentation to support statements.

5. What market research was conducted to substantiate no competition, including evaluation of other items considered?

(Provide a narrative of your efforts to identify other similar or appropriate goods/services, including a summary of how the department concluded that such alternatives are either inappropriate or unavailable. The names and addresses of suppliers contacted and the reasons for not considering them must be included OR an explanation of why the survey or effort to identify other goods/services was not performed.)

Describe in detail the market research conducted. Provide supporting summary of research and/or chain of events that led to the determination that there is no other product that will meet the business need (Attach supporting documents or cite where information or source of where information can be verified).

List the competitors in the marketplace and the brands/models that were reviewed (Attach copies of marketing material, screen prints etc to support research).

Describe how the items were evaluated and why other manufacturer products are unable to meet the business needs (Include documents, spreadsheets, evaluation criteria, etc. that shows how this determination was made.

Include the names, addresses, contact information of the suppliers contacted and the date of contact.

If supplier is the only source for the acquisition, provide a sole source letter from the manufacturer. Provide analysis of similar items and the unique performance factor(s) that is necessary to meet business need(s).

If no market research was conducted explain why there was no effort to identify other goods or services and complete the Corrective Action Plan.

(Attach all supporting documentation to support claims/statements made)

B. PRICE ANALYSIS

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

(Explain what the basis was for comparison and include cost analyses as applicable.)

Provide supplier quote for requested good or service. Provide additional supplier quotes for the same or similar items/services that were evaluated. If there is no competition for the item/service, describe what similar items/services cost or if item/service purchased in the past, provide copies of purchase orders to compare historical pricing.

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

Ex: Items must match and inter-member with existing equipment, etc. Provide cost of existing equipment and the estimated cost to replace existing system, etc.

Non-Competitively Bid (NCB) Contract Justification Corrective Action Plan

This section must be completed for any NCB that could have been competitively bid but was not due to insufficient time to complete the competitive acquisition process. This does not apply to emergency procurements in accordance with PCC Sections 10302, 10340(b)(1) and 12102(a)(2).

Complete responses must be provided for all of the following questions:

- 1. Why is the submission of a NCB necessary and what are the determining factors that caused the problem?**
Explain why your department has not conducted a competitive bid. Provide the background of events (timeline) leading to the submission of this NCB. Identify any critical time delays or issues that prevented your department from completing this acquisition using a competitive process (i.e., budget, approvals, and/or appropriate analysis).

- 2. What are the consequences of not having this NCB approved?**
Describe in detail the impact to the department and to the program(s) if the NCB is not approved.

- 3. How will your department ensure adequate planning to prevent submittal of NCB's for goods or services that should have been competitively bid?**
Provide a detailed plan of your department's efforts to improve your acquisition planning to maximize the use of competition to meet your needs. This plan must include how the department will provide for a tracking system to ensure timely review of upcoming requirements. Departments acknowledge that submission of a corrective action plan is the basis for how the department will provide for sufficient time to use competition in the acquisition process. Failure to follow the Corrective Action Plan may result in the loss of your department's delegated procurement authority. This plan must be kept on file for future auditing purposes.