

**For PD Use only**  
NCB #:

## NON-COMPETITELY 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			
<b>Agency:</b>	<b>Department:</b>		
	(*Includes Boards, Commissions, and Associations)		
<b>Institution (if applicable):</b>			
Department Contact Information			
<b>Contact Name:</b>	<b>Street Address:</b>		
<b>Telephone:</b> ( )			
<b>FAX:</b> ( )	<b>Mailing Address:</b>		
<b>E-Mail:</b>			
Required Contract Information			
<b>Contractor Name:</b>			
<b>Contractor Address:</b>			
<b>Original Contract Amount:*</b> \$ <small>(*Includes original contract and previously approved amendments)</small>	<b>Amendment Amount:*</b> (if applicable) \$ <small>(*Current amendment only)</small>	<b>New Contract Amount: *</b> \$ <small>(*Includes original contract and all amendments, including current amendment)</small>	<b>Has work commenced?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have goods been acquired?</b> <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:			
Contract Type and Term			
<b>Contract Type:</b> 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	<b>Contract Term:</b> Begin: _____ End: _____ Explain late contract submittal (services only):	<b>Type of Award:</b> CMAS: _____ Master: _____ Competitive: _____ Form 42: _____	<b>Will this transaction be financed?</b> No _____ Yes _____  If yes, attach the Statement of Compliance to the State Financial Marketplace to this form
Required Approvals			
<b>Department</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  _____ Signature of Director or Designee/Date  _____ Type Name of Director or see Instructions	<b>Agency</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  _____ Signature of Agency Secretary or Designee/Date  _____ Type Name of Agency Secretary or see Instructions	<b>Dept. of General Services</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  _____ Signature of Director or Designee/Date  _____ Type Name of Director or Designee	

Remit completed form to:  
Procurement Division  
One-Time Acquisitions  
707 Third Street, 2<sup>nd</sup> Floor, MS: 201  
West Sacramento, CA 95605

### **Signature Instructions for Agencies with an Agency Secretary**

This form requires approval by Agency Secretary or Agency Undersecretary or Designee **and** the Director or Chief Deputy. The typed name and signature must match. 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).

### **Signature Instructions for Agencies that do not have an Agency Secretary**

This form requires approval by the highest ranking executive officer or designee. The typed name and signature must match. The highest ranking officer may designate one person to sign on his/her behalf subject to DGS approval.

**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.)

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

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

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

**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.)

#### **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.)

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

## **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.