

## Special Category NCB Request

<b>For DGS Use only</b>
SCR #: _____
Expiration Date: _____
Delegation: # _____
Maximum \$ Limit: \$ _____

For use when requesting approval for a special category NCB for information technology (IT) goods and services, non-IT goods and non-IT services pursuant to State Contracting Manual Volumes 1, 2 or 3. All approved requests will be issued a Special NCB # for a maximum dollar amount **not to exceed 10% of the requested amount** for the 3-year "window" of approval. All transactions executed against this approval must reference both the Special NCB # and/or Delegation # as appropriate. See the Instructions for Use of Special Category NCB attached to this form. This form can be found on the DGS-PD website [www.dgs.ca.gov/pd](http://www.dgs.ca.gov/pd).

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

Requesting Department Information		
<b>Agency:</b>	<b>Department:</b> <i>*(Includes Boards, Commissions, and Associations)</i>	
	<i>*(Includes Boards, Commissions, and Associations)</i>	
<b>Institution (if applicable):</b>		
Department Contact Information		
<b>Contact/Buyer's Name:</b>	<b>Street Address:</b>	
<b>Telephone:</b> ( )		
<b>FAX:</b> ( )	<b>Mailing Address:</b>	
<b>E-Mail:</b>		
<b>Technical Contact Name:</b>	<b>Telephone:</b>	<b>E-Mail:</b>
Contract Category Information		
<b>Contractor Name:</b>		
<b>Name of Category:</b>		
<b>Describe types of purchases contemplated:</b>		
Contract/Trans. \$'s estimated per Calendar Year \$ _____ x _____ # of yrs (up to 3 yrs) = Total \$ _____		
# of Contracts/Trans. estimated per Calendar Year _____ x _____ # of yrs (up to 3 yrs) = Total # _____		
<b>Contract/transaction Type:</b> Select One: <input type="checkbox"/> Non-IT Goods <input type="checkbox"/> IT Goods <input type="checkbox"/> IT Service <input type="checkbox"/> IT Goods & Services <input type="checkbox"/> Non-IT Service		
Provide a description of the goods or services to be acquired:		
(Use additional pages as necessary <b>but signatures must stay fixed to the first page</b> )		
Required Approvals		
<b>Department</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  _____ Signature of Director or Designee/Date  _____ Print Name of Director or see Instructions	<b>Agency</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  _____ Signature of Agency Secretary or Designee/Date  _____ Print 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  _____ Print Name of Director or Designee

Remit completed form to: Procurement Division  
 Attn: Intake and Analysis Unit  
 707 Third Street, 2<sup>nd</sup> Floor, MS: 201  
 West Sacramento, CA 95605

## Special Category NCB Request

Complete responses must be provided for all of the following items.  
Attach documentation or cite sources to support responses.

### A. WHY IS THIS CATEGORICAL EXEMPTION NECESSARY?

- 1. Provide the background of events leading to this acquisition. Identify consequences of not purchasing the good/service or contracting with the proposed supplier?**
- 2. Why is the acquisition restricted to this supplier's good or service?**  
*(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).*
- 3. Describe the unique performance factors of the product specified.**  
*(~~Explain the unique performance factors of the product specified. List each factor individually with an explanation of its purpose.~~) List each performance factor individually (i.e., bullets, table)*
- 4. Why are these specific performance factors required?**  
*(~~Explain why your agency needs these specific factors. Provide an explanation for each individual performance factor.~~)*
- 5. Describe the market research conducted to substantiate that there is no competition, including what other products or services have been examined and why they were rejected.**  
*(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. ~~Attach copies of marketing material, screen prints etc. to support research. List competitors in marketplace and the brands/models reviewed. Provide an explanation as to why these other products/goods or services do not meet your requirements/unique performance factors.~~)*

### 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's quote(s) for every requested item and supplier's ~~List Pricing to assess savings to the State.~~ Provide additional supplier quotes for the same or similar items that were evaluated. If there is no competition for the item, describe what similar items cost or if item has been purchased in the past, provide copies of purchase orders to compare historical pricing and copies of approved NCB).*
- 2. Describe any cost savings realized or costs avoided by acquiring the goods/services from this supplier.**  
*(~~Provide cost of existing equipment and proof of the estimated cost to replace existing system. Items must match and inter-member with existing equipment.~~ Provide Supplier's List Pricing and Quote or quote).*

## Instructions for Use of Special Category NCB

### 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 SCR 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 the designee's approval of the SCR. The typed name and signature must match. **All signatures must be originals.**

In accordance with the State Contracting Manual, Volume 1, Chapter 5, Volume 2, Chapter 5 and Volume 3, Chapter 45, this Special Category NCB Request form is to be used whenever a department determines that a significant number of repeat NCB's will occur within the "window" of approval (maximum is 3 years) for a category of goods or services that warrant requesting approval for that category of goods or services rather than requesting approval of individual NCB transactions.

All requests for Special Category NCB's must be submitted on use this form. Requests for services (non-information technology (IT) and IT must be accompanied by a ~~an~~ STD. 821, Contract Advertising Exemption Request. Use a separate form for each category type. The request must be re-approved whenever one of the signatories changes. All Special Category NCB's must have an estimated annual dollar amount for the term of the SCR authority for a period not to exceed 3 years. SCR's must be re-requested for additional terms and may only exceed the dollar amount approved by 10%. SCR's must be re-requested 30 days prior to expiration. The expiration date is stated in the box "For DGS Use only".

**NOTE: This form is not to be used for emergencies, nor is it to be used to aggregate requests on behalf of other departments.**

**Warning: Departments must track all contracts/purchase orders executed at departments with approved Special Category NCB's. The tracking must at a minimum include the Special Category approval number issued by DGS, the contract/PO number and the dollar amount. These will be reviewed when a Purchasing Authority compliance review is scheduled/performed.**

### Purchase of goods and IT goods and services:

#### **Departments without delegated purchasing authority and for transactions that exceed delegated purchasing authority:**

- Complete the form including required approvals and forward to DGS-PD **Intake and Analysis Unit Section** along with a ~~Std. 66~~ Purchase Estimate (STD. 66) for approval and/or execution of the transaction. The approved form will be returned with a Special Category NCB Request (SCR) # noted in the upper right hand box.
- For subsequent purchases in the same category, submit a copy of the approved SCR along with the ~~Std~~STD. 66 as above.

#### **Departments with delegated purchasing authority:**

- Complete the form including required approvals and forward to DGS-PD **Intake and Analysis Unit**. The approved form will be returned with a ~~an~~ Special Category Request (SCR) # noted in the upper right hand box. All transactions completed by departments must be within purchasing authority limitations granted by DGS-~~PD~~ and must be documented with the SCR #.

### Contracts for non-IT services:

- Complete the form including required approvals and forward to DGS-PD **Intake and Analysis Unit**. The approved form will be returned with a ~~Special Category Request (SCR)~~ # noted in the upper right hand box. A copy of the approved form must be filed with all contracts and must accompany all contracts that require DGS-OLS approval.