# Cal O E S logo - Governor's Office of Emergency ServicesREQUEST FOR NONCOMPETITIVE PROCUREMENT AUTHORIZATION

*FOR USE WITH FY2020 AND PRIOR YEAR GRANT AWARDS ONLY*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant Program:** |  | | | | | | | |
| **Grant Award No.(s):** |  | |  | | | **FIPS #:** |  | |
| **Subrecipient Name:** |  | | | | | | | |
| **If Subaward, list second-tier subrecipient:** | | | |  | | | | |
| **Project No.(s):** |  | | | | | | | |
| **Project Title(s):** |  | | | | | | | |
| **Requested Amount:** | |  | | | **Contract Total:** | | |  |
| **Vendor:** |  | | | | | | | |

## Please complete the following questions based on the entity making the purchase.

### Describe what the proposed vendor/contractor will provide:

### Has Cal OES approved a noncompetitive procurement for this item(s)/service(s) in the past?

Yes  No

If Yes, attach the most recent approval letter and Noncompetitive Procurement Authorization form. Attached.

### Is this noncompetitive procurement being made under a multi-year contract?

Yes  No

If No, proceed to question 6.

### If Yes to Question 3, has Cal OES approved a noncompetitive procurement in the past under this multi-year contract?

Yes  No

If No, proceed to question 6.

### If Cal OES has previously approved a noncompetitive procurement under this multi-year contract, have there been any modifications since that approval?

Yes  No

*Note: A price/cost analysis must be performed with every procurement above the* Simplified Acquisition Threshold (SAT) *including modifications. Modifications include any change to the original contract, including extensions.*

If Yes, proceed to question 8.

If No, proceed to question 10.

### Indicate which of the following circumstances resulted in your organization’s need to enter into a noncompetitive contract and describe the details of those circumstances for this request under the following below. See [2 C.F.R. Part 200, Subpart D, §200.320](http://www.ecfr.gov/cgi-bin/text-idx?SID=889d48476d354db30469e788150c72fa&mc=true&node=se2.1.200_1320&rgn=div8) (f).

* The item is available only from a single source. *(Describe and detail the process used to make that determination.)*
* A public necessity or emergency for the requirement will not permit a delay resulting from competitive solicitation. *(Describe the necessity or emergency. Provide details.)*
* After solicitation of a number of sources, the competition was determined inadequate. *(Describe the solicitation process that determined competition was inadequate. Provide details including the length of the solicitation.)*

### Describe your organization’s standard procedures when considering a noncompetitive procurement, including the conditions under which a noncompetitive procurement is allowed, and any other applicable criteria (i.e., approval requirements, monetary thresholds, etc.).

### Attach a copy of the cost/price analysis for this procurement or contract modification if above the SAT.

### Do you have documentation to support profit negotiation? See [2 C.F.R. Part 200, Subpart D, §200.323 (b)](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=2f4ed97b64b2e867a744efc04585e1ea&mc=true&r=SECTION&n=se2.1.200_1323).

Yes  No

Note: Profit must be negotiated for each contract in which there is no price competition and in all cases where cost analysis is performed.

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| Certification: **This is to certify that, to the best of our knowledge and belief, the data furnished on this form is accurate, complete and current. We further certify that this procurement has followed local procurement policies, and state and federal guidelines. We understand that any fraudulent information contained on this form may affect the allowability of federal funding for this item and/or have an effect on future Cal OES funding for this organization.** | | | |
| Purchasing Agent: | Name: | Signature: | Date: |
| Primary Subrecipient: | Name: | Signature: | Date: |

|  |  |
| --- | --- |
| **Cal OES Internal Use Only** | |
| Date Submitted: | |
| Procurement Type: Single Source Public Emergency Inadequate Competition | |
| Attachments enclosed:  Previous Approval Letter  Previous Noncompetitive Procurement Authorization Request form for this item(s)/service(s)  Cost/Price Analysis  Other Supporting Documents: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Program Representative Review - Comments: | |
| Unit Chief Review - Comments: | |
| Approved  Denied  Grants Procurement Compliance Manager – Comments: | |
| Grants Procurement Compliance Manager: | Date: |