



<b>Purchasing Use Only:</b>	
Approval#:	151101

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

*ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY*

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency:	<i>Aging and Disability Services Division (ADSD)</i>		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		<i>Jamie Pruneau-Contract Manager-MAIL</i>	<i>775-687-0532</i>	<i>jpruneau@adsd.nv.gov</i>
	<i>Julie Kotchevar, Deputy Administrator-ADSD</i>	<i>775-687-0583</i>	<i>jdkotchevar@adsd.nv.gov</i>	

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	<i>University of Utah-DBA Pediatric Medical Genetics</i>
	Contact Name:	<i>Nicola Longo MD PhD</i>
	Address:	<i>50 N Medical Drive/RM 2C412 SOM Salt Lake City, Utah 84132-001</i>
	Telephone Number:	<i>801-581-8416</i>
	Email Address:	<i>Nicola.longo@hsc.utah.edu</i>

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	<i>X</i>

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	<i>X</i>	No
	Amendment:	#		
	CETS:	<i>#TBD</i>		

<b>1e</b>	<b>Term:</b>				
	One (1) Time Purchase:				
	Contract:	Start Date:	<i>07/01/2016</i>	End Date:	<i>06/30/2020</i>

<b>1f</b>	<b>Funding: Budget 3208</b>	
	State Appropriated:	<i>86%</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>14% Medical Services</i>

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>\$282,400.00</i>

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>Dr. Longo reviews genetic screenings and test results. He utilizes that information to provide genetic counseling and education to parents of infants and toddlers who have a metabolic condition.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>The vendor must be a metabolic geneticist licensed to practice in Nevada and a certified Nevada Medicaid provider. There are not currently any metabolic geneticists in Nevada, and Dr. Longo is the closest licensed specialist available.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>There are no alternatives to this type of physician who is licensed to practice with this specialty.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>	<i>This is a specialized service with no viable alternative to fulfill the same role.</i>			
	b. <i>If not, why were alternatives not evaluated?</i>				

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers must accompany this request.</b>			Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFQ, Waiver)</i>		
			\$				
			\$				
			\$				
			\$				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>It is unlikely that we would be able to purchase this service. Metabolic conditions are extremely dangerous for children and the counseling and information provided to parents and caregivers is a vital health service.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>Licensing board and Medicaid were contacted to seek out the presence of alternative providers.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? Check One.</b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>Until such time that there is a metabolic geneticist licensed to practice in Nevada, we will need to use this vendor.</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Candice McDaniel  
Agency Representative Initiating Request

Candice McDaniel  
Print Name of Agency Representative Initiating Request

10/16/15  
Date

Julie Kotehewar  
Signature of Agency Head Authorizing Request

Julie Kotehewar  
Print Name of Agency Head Authorizing Request

10-19-15  
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

*N/A*

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

[Signature]  
Administrator, Purchasing Division or Designee

11-2-2015  
Date