



Purchasing Use Only:	
Approval#:	160503

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency:	DHHS / DWSS	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Thomas Brundige, Social Services Chief III	775-684-0516	tbrundige@dwss.nv.gov

Vendor Information:	
Identify Vendor:	Yukon
Contact Name:	Brook M Schepker
Address:	11529 Nuckols Rd, Glen Allen, VA, 23059
Telephone Number:	804-461-3352
Email Address:	schepkler@yukongroupinc.com

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

Contract Information:				
1d	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#		

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	July 1, 2016	End Date:	June 30, 2017

1f	Funding:	
	State Appropriated:	3223 Cat 40 – SNAP Reinvestment
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$85,000

2	Provide a description of work/services to be performed or commodity/good to be purchased:
----------	--

Yukon will convert DWSS policy in the most error prone areas to e-learning modules and snippets. Same firm will produce a multi-media District Office Lobby presentation in plain English on reporting requirements and client responsibilities.

3 **What are the unique features/qualifications required for this service or good that are not available from any other vendor:**
 Yukon is the only identified e-learning software development company with a history working with SNAP, TANF and Medical Assistance Policy. They were granted a sole-source contract in Virginia to create e-learning modules on applying federal and state policy for those programs. Yukon will adapt their existing e-learning modules to Nevada specific policy. All other e-learning vendors would first need to learn DWSS and federal policy and would not be able to meet the time frames for the SNAP reinvestment activities.

4 **Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**
 SNAP Reinvestment activities must be tied toward preventing a State from incurring further fines for misspent federal SNAP dollars. Going through a RFP process would delay the activities into FFY 17 and put DWSS and Nevada at risk of further fines for FFY 16. The initial reinvestment plan was rejected by FNS because it represented long term investments in initiatives that could not occur until September 2016. (See attached). By moving forward with the same vendor and replicating those reengineering activities into other DWSS functional areas as outlined above, DWSS can effectively impact the SNAP Payment Accuracy Rate for FFY 2016.

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.	DWSS understands another vendor may be able to provide this service at a comparable cost; however, the financial risk to DWSS would be significant in that the reinvestment activities could not impact the accuracy rate for FFY 16 and would not be in compliance with the FNS Western Region Office directive to invest in short-term initiatives.			
	b. If not, why were alternatives not evaluated?				

6	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 ALL previous waivers MUST accompany this request.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. 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:				
	Term	Value	Short Description	Type of Procurement (RFP, RFQ, Waiver #)	
	Start and End Dates				
	\$				
	\$				
	\$				

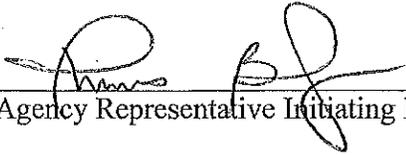
			\$		
			\$		

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	FNS approval could be withdrawn if the activities could not be initiated in FFY16 and thus DWSS would forfeit the right to reinvest the \$85,000 and would have to pay that sum directly to FNS as a penalty. In addition, if DWSS is fined for SNAP payment accuracy again, the other half of the FFY 14 penalty being held in escrow, \$435,091.50 would also be forfeit.

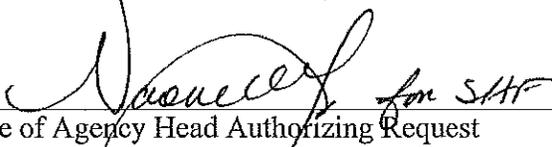
8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	DWSS understands another vendor may be able to provide this service at a comparable cost; however, the financial risk to DWSS would be significant in that the reinvestment activities could not impact the accuracy rate for FFY 16 and would not be in compliance with the FNS Western Region Office directive to invest in short-term initiatives. Due to this as well as the risks outlined in #7, the cost of this project is fair and reasonable. The reason for the short implementation time is due to the delay from the Federal Nutrition Service, FNS in granting final approval for the Re-investment Plan which did not come until April 14 th , 2016 (see attached). IFC approval was granted on the same day and both had to be in place before work on the contract could begin.

9	Will this purchase obligate the State to this vendor for future purchases? Check One.	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</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.


Agency Representative Initiating Request

Thomas Brundige
Print Name of Agency Representative Initiating Request 4-27-16
Date


Signature of Agency Head Authorizing Request

NAOMI Lewis for STEVE H. FISHER
Print Name of Agency Head Authorizing Request 5/3/2016
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.**

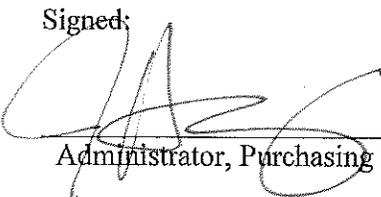
Name of agency or entity who provided information or review:

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: 
Administrator, Purchasing Division or Designee 4-4-2016
Date