State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Julia Teska
Director

Greg Smith
Administrator

Purchasing Use Only:	
Approval#:	160701

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:	Aging and Disability Services Division	
	Contact Name and Title	*Phone Number*	*Email Address*
	Jamie Pruneau Contract Manager	775-687-0532	jpruneau@adsd.nv.gov
	Julie Kotchevar Deputy Administrator	775-687-0583	jkotchevar@adsd.nv.gov

	Vendor Information:	
1b	Identify Vendor:	Nevada Broadcasters Association (NVBA)
	Contact Name:	Judy Reich, NCSA/PEP Program
	Address:	3900 Paradise Rd. Suit 279 Las Vegas 89169
	Telephone Number:	702-794-4994
	Email Address:	judy@nevadabroadcasters.org

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

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

	Term:				
1e	One (1) Time Purchase:	YES			
	Contract:	Start Date:	7/15/2016	End Date:	9/15/2016

	Funding:	
1f	State Appropriated:	2363
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	**Total Estimated Value of this Service Contract, Amendment or Purchase:**
	$ 15,000

2	**Provide a description of work/services to be performed or commodity/good to be purchased:** The contractor will assist the, Senior Tax Assistance Rebate (STAR) Program, in the Aging and Disability Services Division (ADSD), through the use of Non-Commercial Sustaining Announcements/Public Education Partnership program, (NCSA/PEP) in the creation and production of NSCAs, for a robust multi-month campaign to get the message out to residents of Nevada, age 65+, to make them aware of the property tax rebate through the ADSD. This will be done with an emphasis on reaching rural and other hard-to-reach areas of the state as well as Spanish-speaking persons in as effective and efficient way through the Nevada Broadcasters Association (NVBA).

3	**What are the unique features/qualifications required for this service or good that are not available from any other vendor:** ADSD staff lack the expertise and the required studio equipment to provide these services. The ADSD staff has completed the initial script of the announcement which will be used by the Nevada Broadcasters Association (NVBA). The Association is a non-profit entity which works in association with the National Broadcasters Association. The NVBA has unique access, information, skills, and abilities that are unavailable via any for-profit organization or any other Nevada entity.

4	**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:** The NVBA is a non-profit organization willing to provide a substantial portion of their services free of charge, i.e., production, talent and other in-kind contributions like translation. They have offered at no charge to cover the costs of the script writing and th production and translation cost of this message. The 3 to 1 ratio means that the value of the dollars you spend are multiplied times a minimum of 3. The value is set by our Board of Directors based on stations' current rate cards. The NVBA are requesting a minimum of 1,300 spots per station to be broadcast throughout the entire campaign, based on a July 15 through September 15, 2016, message run. We anticipate that our member stations will exceed this, and that there will be a much larger number of messages that will have aired. This will be reflected in the monthly reports which we will send to you. There is no other entity to do this.

5	**Were alternative services or commodities evaluated? Check One.**	Yes:		No: X
	a. *If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.*			
	b. *If not, why were alternatives not evaluated?*			
	NVBA is the only Broadcasters Association in the State.			

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: X	No:	
	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 Start and End Dates		*Value*	*Short Description*	*Type of Procurement (RFP, RFQ, Waiver)*
9/1/15	6/30/18	$ 25,000	Stop Medicare fraud program	Waiver
4/1/15	5/31/15	$ 3,000	Non sustaining commercial announcements	Waiver
		$		
		$		
		$		

7	**What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?** If we do not use this type of vendor we are unable to disseminate our information to our constituents in a timely fashion given our short filing period of July 15th through September 30th.

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?** We have reviewed the previous programs for Medicare and how STAR has been done historically in the past.

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

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.

Rigue Robb

Agency Representative Initiating Request

Rigue Robb — 6/30/16

Print Name of Agency Representative Initiating Request — Date

Julie Katchever — 7-6-16

Signature of Agency Head Authorizing Request

Julie Kotchever — 7-6-16

Print Name of Agency Head Authorizing Request — 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:

7-11-2016

Administrator, Purchasing Division or Designee — Date