State of Nevada Department of Administration

**Purchasing Division** 

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



Brian Sandoval Governor

Patrick Cates Director

Jeffrey Haag Administrator

| Purchasing | Use Only: |
|------------|-----------|
| Approval#: | 180903    |

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

|  | Agency Contact Infor                  | mation   | - Note: A             | pproved  | copy will be se | nt to only the c      | ontact(s) listed below: |
|--|---------------------------------------|--|-----------------------|----------|-----------------|-----------------------|-------------------------|
|  | State Agency:                         |  |                       |          |                 |                       |                         |
| 1a                                     | Contact Name and Title                |  |                       | Phone N  | Number          | Email Address         |                         |
|  | Jeff Greenblat                        |  |                       | 775-834  | 4-8402          | jgreenblat@dot.nv.gov |                         |
|  | Operations Manager Equipment Division |  |                       |          |                 |                       | ,                       |
|  |                                       |  |                       |          |                 |                       |                         |
|  | Vendor Information:                   |  |                       |          |                 |                       |                         |
|  | Identify Vendor:                      |  | BearCat Manufacturing |          |                 |                       |                         |
|  | Contact Name:                         |  | e McCar               |          |                 |                       |                         |
| 1b                                     | Address:                              | 3650 Sabin Brown Road Wickenburg, AZ 85390             |                       |          |                 |                       |                         |
|  | Telephone Number:                     | 928-684-7851   |                       |          |                 |                       |                         |
|  | Email Address:                        | mm   | ccarty@b              | earcatmj | fg.com          | 8                     |                         |
|  |                                       |  |                       |          |                 |                       |                         |
|  |                                       | Type of Waiver Requested - Check the appropriate type: |                       |          |                 |                       |                         |
| 1c                                     | Sole or Single Source: Single Source  |  |                       | rce      |                 |                       |                         |
|  | Professional Service Exemption:       |  |                       |          |                 |                       |                         |
|  | Contract Contract                     |  |                       |          |                 |                       |                         |
| Contract Information:   Yes   YES   No |                                       |  |                       |          |                 |                       |                         |
| 1d                                     | Amendment:                            |  | Yes YES No            |          |                 |                       |                         |
| Iu                                     | CETS:                                 |  | #                     |          |                 |                       |                         |
|  | CEIS: #                               |  |                       |          |                 |                       |                         |
| ·                                      | Term: 3 Year Agreement                |  |                       |          |                 |                       |                         |
| 1e                                     | One (1) Time Purchase:                |  |                       |          |                 |                       |                         |
|  |                                       |  | art Date: October 1s  |          | r 1st, 2018     | End Date:             | October 1st, 2021       |
|  |                                       |  |                       |          |                 |                       |                         |
|  | Funding:                              |  |                       |          |                 |                       |                         |
|  | State Appropriated:                   | State A  | Appropriated          |          |                 |                       |                         |
| 1f                                     | Federal Funds:                        |  |                       |          |                 |                       |                         |
|  | Grant Funds:                          |  |                       |          |                 |                       |                         |
|  | Other (Explain):                      |  |                       |          |                 |                       |                         |
|  |                                       |  | ~ .                   | ~ .      |                 |                       |                         |
| 1g                                     |                                       | lue of this Service Contract, Amendment or Purchase:   |                       |          |                 |                       |                         |
| -8                                     | \$500,000.00                          |  |                       |          |                 |                       |                         |

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

Units are completely disassembled and inspected to identify items for maintenance repair and or replacement. Items and componentry included on these refurbishments are but not limited to; the Product Tank, Spray Bar and Spray Bar Controls, Meters and Gauges, 4-Way Remote Operated Mirror, Computerized Rate Control, Product Pump and Pump Drive, Asphalt Valve Selector, Piping Valve and Screens, External Wash Down, Pump and Spray Bar Flushing, Hand Spray, Fenders and Trough, Paint, and Tool Box.

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

BearCat is the manufacturer and does not support a dealer distributor network, dealing direct with all end users. The factory is the sole source for all BearCat product, equipment sales, parts sales, service, warranty and training. Further they stipulate that using any other source and or vendor will void any implied warranty. (See attached letter from BearCat)

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

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Were alternative services or commodities evaluated? Check One. Yes: No: No 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?

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|   | 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 <u>MUST</u> accompany this request. |            |             |  |                       | YES        | No:                         |  |
|---|---|------------|-------------|--|-----------------------|------------|-----------------------------|--|
| 6 |   | is vendor, |             | ent contract and working backward, fo<br>ndor for this service or commodity, pla |                       |            |                             |  |
|   | Term Start and End Dates  |            | Value       | Short Description  | (RFP#                 | , RFQ      | cureme<br># <b>, Waiv</b> e |  |
|   |   |            | \$79,570.00 | Modify Distributor Unit 1593   | PC6807                | <i>'</i> 2 |                             |  |
|   |   |            | \$79,570.00 | Modify Distributor Unit 1613   | PC6 <mark>8</mark> 07 | 4          |                             |  |

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| \$24,624.71 | Modify Distributor Unit 2464  | PC68354 |
|-------------|-------------------------------|---------|
| \$81,680.00 | Rebuild Distributor Unit 1688 | PC69855 |
| \$81,680.00 | Rebuild Distributor Unit 2315 | PC69856 |

What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?

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Betterment projects to maintain the surface conditions on the highways will be delayed, making the roadways unsafe. It is more cost effective to refurbish and maintain these types of units, considering the initial investment, complete replacement costs and limited equipment replacement funding.

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?

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| purchases? Before selecting your answer, please review information | Yes: | WITE CT | N.Y. |
|--|------|---------|------|
|  | ies. | YES     | No:  |
| included on Page 2, Section 9 of the instructions.                 |      |         |      |

a. If yes, please provide details regarding future obligations or needs.

The situations or refurbishment opportunities are based on the condition of each unit and funding. As of today, there are a minimum of 3 units that will require refurbishment in the next 3 years. Additionally, this will ensure that our equipment warranties remain in tack.

Solicitation Waiver

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| By signing below, I know and understand the contents of this Solicitation Waiver Request attest that all statements are true and correct.  | and Justification and                    |
|--|--|
| Agendy Replesentative Initiating Request   |  |
|  |  |
| Jeff Greenblat   | 09-13-18                                 |
| Print Name of Agency Representative Initiating Request   | Date                                     |
| Signature of Agency Head Authorizing Request   |  |
| Wayne Miller   | 09-13-18                                 |
| Print Name of Agency Head Authorizing Request  | Date                                     |
| request from another agency or entity. The signature below indicates another agency or en information you provided. This signature does not exempt your agency from any other be required.  Name of agency or entity who provided information or review:   |  |
| Representative Providing Review  Representative Providing Review   |  |
| 28 m   |  |
| Reint Name of Representative Providing Review  | Date                                     |
| Please consider this memo as my approval of your request. This exemption is granted 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable available upon which the Purchasing Administrator determines that the service or good so contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for sereffective without the prior approval of the State Board of Examiners (BOE). | information becomes ought may in fact be |
| If you have any questions or concerns please contact the Purchasing Division at 775-684-01   | 70.                                      |
| Signed:  |  |
| CHX  | 9-13-2018                                |
| Administrator, Rurchasing Division or Designee   | Date                                     |

Solicitation Waiver

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