

**DEPARTMENT OF ADMINISTRATION**

**515 East Musser Street, Suite 300│Carson City, Nevada 89701**

**Phone: 775-684-0170 │ Fax: 775-684-0188**

**STATE OF NEVADA**

***Purchasing Division***

**SOLICITATION WAIVER JUSTIFICATION AND**

**REQUEST FORM**

**INFORMATION AND INSTRUCTIONS**

Nevada Administrative Code (NAC) 333.150(2)(a) & (b)(6) authorizes the Administrator of the Purchasing Division to waive the solicitation requirements in instances where contracts by their nature are not compatible with competitive solicitation; such contracts may be sole or single source or a professional service not adaptable to competitive selection. Nevada Revised Statute (NRS) 333.400 provides similar authority with respect to sole source commodity purchases.

The review process is generally completed within fifteen (15) working days which includes posting the request, if approved, for five (5) working days on the Purchasing Division’s website. Agencies are not authorized to proceed until the five (5) working day period has expired and the Purchasing Division has not received a protest of the contract award. In the event of a protest, the agency’s contact person will be notified and the authorization to proceed withheld until resolution has been obtained.

Agencies are requested to review NAC 333.150 prior to submitting a Solicitation Waiver to ensure the request falls within the guidelines specified. A request for Solicitation Waiver from the Administrator of Purchasing is not required and should not be submitted for the professional services described in NAC 333.150(2)(b) (1), (2), (3), (4) or (5). However, when contracting for these five (5) services, the vendor must be performing services specific to that which they are licensed.

Agencies are instructed to review SAM 338, the Informal Solicitation (or Quote) Process prior to submitting a Solicitation Waiver. Waivers will not be approved for amounts below the formal solicitation threshold. Agencies may obtain a template for an informal solicitation from the Purchasing Division website.

***PLEASE NOTE:*** Agencies are reminded the Enterprise IT Services (EITS) Architecture Team manages Technology Investment Notification (TIN) and Cloud Investment Notification (CIN) processes for State agencies. ***If your waiver request contains an IT component exceeding $50,000, a TIN/CIN approval or approval update memo must accompany your submission***. Requests received without the required approval will be returned to the agency.

Note: It is the Board of Examiners general policy that contracts be solicited at least every four (4) years; therefore, if your request would extend your contract beyond the recommended four (4) year timeframe, you will need to complete the Contract Extension Justification and Request Form, not a Solicitation Waiver.

Additionally, per SAM 0325, it is the policy of the State of Nevada to limit and monitor costs associated with the hiring of professional and expert services. All such professional service contracts may not be extended beyond a 2-year term without review and approval of the Board of Examiners.

***PLEASE BE ADVISED: A waiver approval exempts an agency from the solicitation process at the time of the approval only and for the timeframe identified in Section 1e, Term. It does not exempt an agency from any other contracting process.***

If you have questions regarding the form/process, please contact Cindy Stoeffler at 775-684-0173 or via email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

**COMPLETING THE FORM**

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

| **Section #** | **Instructions** |
| --- | --- |
| **1a** | ***Identify the State agency requesting the waiver*** and all appropriate contact information for the person(s) responsible for completing the waiver form, including an email address. NOTE: Waiver documents will be returned to only the person(s) listed in this section. It is your agency’s responsibility to distribute copies to anyone other than the person(s) listed in this section. |
| **1b** | Identify the following:   * Proposed Vendor Name; * Contact name; * Complete address, including city, state, and zip code * Contact’s telephone number, including area code; and * Contact’s email address. |
| **1c** | Identify the type of waiver requested. If only one (1) vendor can perform the services/services with goods it would be considered a sole or single source request; if more than one (1) vendor can perform the services/services with goods but, for reasons documented in the request, this is not suited for competitive solicitation, it would be considered a professional service exemption. |
| **1d** | Identify your request as a new contract or not by selecting the appropriate option. If this is an amendment, designate the amendment number in the space provided. If applicable, please provide the CETS# associated with this contract. |
| **1e** | Identify your request as a one-time purchase or contract by completing the appropriate box. If this request is for a contract, please be certain to record the contract start and end dates in the spaces provided. |
| **1f** | Identify your funding source by checking the appropriate box. If you select the option “Other”, you must provide an explanation and details. |
| **1g** | Provide the estimated value or dollar amount of the contract, amendment or services with goods to be purchased in the space provided. |
| **2** | Clearly and succinctly describe the services/services with goods to be performed or purchased. |
| **3** | Describe the unique features or qualifications required of the proposed vendor. Examples include: proprietary products, warranty issues, integration, etc. |
| **4** | Identify and justify the circumstances that prohibit competitive solicitation. |
| **5** | Indicate if alternative services/services with goods were evaluated. If your answer is “yes”, please complete Section “a”. If your answer is “no”, please complete Section “b”. |
| **6** | Indicate if your agency has purchased these services/services with goods in the past. If you indicate “Yes”, please provide answers to required sections noted. NOTE: If your previous purchase(s) was made via a solicitation waiver(s), include the waiver number and ***a copy or copies of all previous waivers must accompany this request***. |
| **7** | Agencies must provide information regarding the impact to the State if the waiver request is denied and the services/services with goods is competitively bid (i.e., detrimental consequences, harm, risks, liabilities, etc.). |
| **8** | Agencies must identify steps taken to substantiate there is no competition for the services/services with goods requested and must demonstrate reasonable and competitive pricing through a cost analysis. |
| **9** | Agencies must provide information indicating any obligations to the proposed vendor for future purchases; which includes licensing, maintenance, and support. ***Note: If your waiver request contains an IT component exceeding $50,000, a TIN/CIN must accompany your submission***. Requests received without the required approval will be returned to the agency. |

If you have questions, please contact the Purchasing Division at 775-684-0170.



**DEPARTMENT OF ADMINISTRATION**

**515 East Musser Street, Suite 300│Carson City, Nevada 89701**

**Phone: 775-684-0170 │ Fax: 775-684-0188**

**STATE OF NEVADA**

***Purchasing Division***

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

**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 NAME REQUIRED****:* |  | | |
| ***Contact Name and Title*** | | ***Phone Number*** | ***Email Address*** |
|  | |  |  |
|  | |  |  |

|  |  |  |
| --- | --- | --- |
| **1b** | **Vendor Information:** | |
| Vendor Name: |  |
| Contact Name: |  |
| **Complete Address**:  City, State, and Zip Code |  |
| Telephone Number: |  |
| Email Address: |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1d** | **Contract Information:** | | | | |
| Is this a new Contract? Check One: | Yes: |  | No: |  |
| **If ‘No’ Enter Amendment Number**: | ***#*** | | | |
| **Enter CETS Number**: | ***#*** | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1e** | **Term:** | | | | |
| One (1) Time Purchase? Check One: | Yes: |  | No: |  |
| Contract: | Start Date: |  | End Date: |  |

|  |  |  |
| --- | --- | --- |
| **1f** | **Funding:** | |
| State Appropriated: |  |
| Federal Funds: |  |
| Grant Funds: |  |
| Other (Explain): |  |

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

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

|  |  |
| --- | --- |
| **2** | **Provide a description of work/services to be performed or services with goods to be purchased:** |
|  |

|  |  |
| --- | --- |
| **3** | **What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?** |
|  |

|  |  |
| --- | --- |
| **4** | **Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5** | **Were alternative services or commodities evaluated?** | **Check One:** | |
| Yes | No |
|  |  |
| 1. ***If yes****, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.* | | |
|  | | |
| 1. ***If not****, why were alternatives not evaluated?* | | |
|  | | |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6** | **Has the agency purchased these services/services with goods in the past? Check One:**  ***NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.*** | | | | | **Yes** | | **No** |
|  | |  |
| 1. *If yes, starting with the most* ***recent contract*** *and working backward, for the* ***entire relationship with this vendor, or any other vendor*** *for these services/services with goods, the following information* ***must be provided along with the CETS contract number(s) associated with each****:* | | | | | | | |
| ***Term*** | | ***Value*** | ***Short Description*** | ***Provide Type of Procurement***  ***RFP#, RFQ#, Waiver #*** | | ***CETS #*** | |
| ***Start Date*** | ***End Date*** |
|  |  | ***$*** |  |  | |  | |
|  |  | ***$*** |  |  | |  | |
|  |  | ***$*** |  |  | |  | |
|  |  | ***$*** |  |  | |  | |
|  |  | ***$*** |  |  | |  | |

|  |  |
| --- | --- |
| **7** | **What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?** |
|  |

|  |  |
| --- | --- |
| **8** | **What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **9** | **Will this purchase obligate the State to this vendor for future purchases? Check One:**  ***NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.*** | **Yes** | **No** |
|  |  |
| 1. *If yes, please provide details regarding future obligations or needs.* | | |
|  | | |

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

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. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Signature of Agency Representative Initiating Request |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Print Name of Agency Representative Initiating Request |  |  | Date |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Signature of Agency Head Authorizing Request |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Print Name of Agency Head Authorizing Request |  |  | Date |

**FOR PURCHASING USE ONLY – 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 or 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 333.700(7), 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 Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

|  |  |
| --- | --- |
| ***NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.*** |  |

Approved by:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Administrator, Purchasing Division or Designee |  |  | Date |