



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval#:	230508@

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 <u>ONLY</u> the contact(s) listed below:		
	STATE AGENCY NAME REQUIRED:	Public Employees' Benefits Program	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Michelle Weyland, ASO2	775-684-7020	mweyland@peb.nv.gov

1b	Vendor Information:	
	Vendor Name:	Nevada Business Group on Health
	Contact Name:	Chris Syverson
	Complete Address:	59 Damonte Ranch Pkwy Ste B #481
	City, State, and Zip Code	Reno, NV 89521
	Telephone Number:	775-329-8007
Email Address:	csyverson@nvbgh.org	

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	X	No:
	If 'No' Enter Amendment Number:	#		
	Enter CETS Number:	#		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:	No:	X
	Contract:	Start Date:	7/1/2023	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
Grant Funds:		

	Other (Explain):	<i>Subsidy/Premium</i>
--	------------------	------------------------

<i>Purchasing Use Only:</i>	
Approval #:	<i>230508@</i>

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>80</i>

2	<p>Provide a description of work/services to be performed or services with goods to be purchased:</p> <p><i>The PEBP Board approved a no cost National Diabetes Prevention Pilot Program at the March 23, 2023 board meeting. This is a public-private partnership of community organizations, private insurers, health care organizations, employers, and government agencies. Partners work to establish local evidence-based lifestyle change programs for people at high risk for type 2 diabetes.</i></p>
----------	---

3	<p>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</p> <p><i>Zero cost diabetic program pilot to benefit members.</i></p>
----------	--

4	<p>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p><i>This specific program was developed by non-profit organizations that are willing to try a pilot program to see how beneficial this would be to PEBP and its members.</i></p>
----------	--

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
			X
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <u>If not</u> , why were alternatives not evaluated?		
	<i>This specific program was developed by non-profit organizations that are willing to try a pilot program to see how beneficial this would be to PEBP and its members.</i>		


Purchasing Use Only:	
Approval #:	230508

6	Has the agency purchased these services/services with goods in the past? Check One:				Yes	No
	<p>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 <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></p> <p>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 these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</i></p>					X
Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #	
Start Date	End Date					
		\$				
		\$				
		\$				
		\$				
		\$				

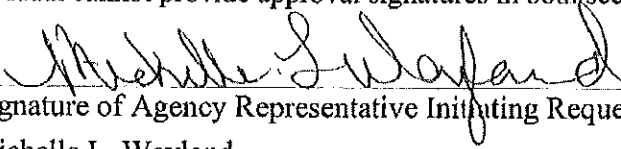
7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?	
	None. The PEBP Board would need to vote to cancel this program and PEBP participants with diabetes will miss out on the additional care that this program would have provided.	

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?	
	This specific program was developed by non-profit organizations that are willing to try a pilot program to see how beneficial this would be to PEBP and its members.	

9	Will this purchase obligate the State to this vendor for future purchases? Check One:		Yes	No
	<p>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</p> <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>			X

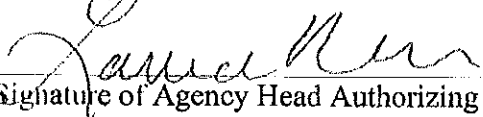
Purchasing Use Only:	
Approval #:	230508 

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
 Michelle L. Weyland 05/10/2023

Print Name of Agency Representative Initiating Request Date



 Signature of Agency Head Authorizing Request 5/10/23

Laura Rich 05/10/2023

 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:

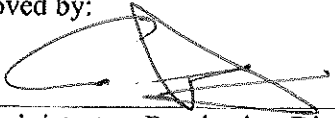
 Representative Providing Review

 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.

NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.	<input type="checkbox"/>
---	--------------------------

Approved by: 

 Administrator, Purchasing Division or Designee 6/23/23
Date