



## 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 ten (10) working days which includes posting the request, if approved, for five (5) calendar days on the Purchasing Division's website. **PLEASE NOTE:** If your request contains an IT component, the review process will be extended to allow for additional review. Agencies are not authorized to proceed until the five (5) calendar 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 to be submitted for the professional services described in NAC 333.150(2)(b) (1), (2), (3), (4) or (5).

Additionally, agencies are requested 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.

Additionally, agency has entered into a contract via a solicitation waiver and will be amending that contract; an amended solicitation waiver request is required to be submitted to the Purchasing Division. However, 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.

### COMPLETING THE FORM

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

Section #	Instructions
<b>1a</b>	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, whether approved or denied, 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.
<b>1b</b>	Identify the proposed vendor and all appropriate contact information, such as the name of the contact person, telephone number, etc.

Section #	Instructions
1c	Identify the type of waiver requested. If only one (1) vendor can perform the service or provide the good it would be considered a sole or single source request; if more than one vendor can perform the service but, for reasons documented in the request, the service 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 good(s) to be purchased in the space provided.
2	Clearly and succinctly describe the service to be performed or the good to be purchased.
3	Describe the unique features or qualifications required of the proposed vendor or of the good to be provided. Examples include: proprietary products, warranty issues, integration, etc.
4	Identify and justify the circumstances that prohibit competitive solicitation.
5	Indicate if alternative services or commodities 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 this service or commodity 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), 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 service or good 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 service or good 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 (i.e. maintenance, licensing, continuing need, etc.).

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



<b>Purchasing Use Only:</b>	
<b>Approval#:</b>	

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>

<b>Vendor Information:</b>		
<b>1b</b>	Identify Vendor:	
	Contact Name:	
	Address:	
	Telephone Number:	
	Email Address:	

<b>Type of Waiver Requested – Check the appropriate type:</b>		
<b>1c</b>	Sole or Single Source:	
	Professional Service Exemption:	

<b>Contract Information:</b>			
<b>1d</b>	Is this a new Contract?	Yes	No
	Amendment:	#	
	CETS:	#	

<b>Term:</b>			
<b>1e</b>	One (1) Time Purchase:		
	Contract:	Start Date:	End Date:

<b>Funding:</b>		
<b>1f</b>	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$

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

<b>3</b>	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>

<b>4</b>	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>

<b>5</b>	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				

<b>6</b>	<b>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 must accompany this request.</b>			Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>		<i>Type of Procurement (RFP, RFQ, Waiver)</i>	
			\$				
			\$				
			\$				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>

8	<b>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?</b>

9	<b>Will this purchase obligate the State to this vendor for future purchases? Check One.</b>	Yes:		No:	
	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.

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Agency Representative Initiating Request

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Print Name of Agency Representative Initiating Request

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Date

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Signature of Agency Head Authorizing Request

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Print Name of Agency Head Authorizing Request

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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.**

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Name of agency or entity who provided information or review:

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Representative Providing Review

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Print Name of Representative Providing Review

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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:

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Administrator, Purchasing Division or Designee

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Date