

NON-COMPETITIVE BID REQUEST

SUBRECIPIENT NAME

GRANT SUBAWARD #

Complete this form, and provide required attachments, to request approval for a non-competitive bid procurement per Subrecipient Handbook (SRH) Section 3500. Approval is only required for contracts above \$10,000.

Contractor/Procurement:	
Total Contract/Procurement Amount:	\$
Service Provided:	

Contract Justification – Attach a narrative response addressing the following as required by the identified SRH Section:

		Cal OES Approval	
		Yes	N/A
3511	Explain conditions requiring a non-competitive/sole source contract.	<input type="checkbox"/>	<input type="checkbox"/>
3521.1	Provide a brief description of the product or service being procured.	<input type="checkbox"/>	<input type="checkbox"/>
3521.2	Explain the necessity to contract non-competitively and how the price for the contract was determined, including:	<input type="checkbox"/>	<input type="checkbox"/>
	• Expertise of the contractor;	<input type="checkbox"/>	<input type="checkbox"/>
	• Management capabilities to perform the tasks required;	<input type="checkbox"/>	<input type="checkbox"/>
	• Contractor’s responsiveness to the need identified by the project;	<input type="checkbox"/>	<input type="checkbox"/>
	• Contractor’s relevant knowledge and experience; and	<input type="checkbox"/>	<input type="checkbox"/>
	• Justification of the reasonable of the cost.	<input type="checkbox"/>	<input type="checkbox"/>
3521.3	Explain the uniqueness of the contract, including:	<input type="checkbox"/>	<input type="checkbox"/>
	• Patents, copyrights;	<input type="checkbox"/>	<input type="checkbox"/>
	• Facilities, investments; or	<input type="checkbox"/>	<input type="checkbox"/>
	• Continuation of an existing project.	<input type="checkbox"/>	<input type="checkbox"/>
3521.4	Explain any time constraints, including:	<input type="checkbox"/>	<input type="checkbox"/>
	• When contractual coverage is required and why;	<input type="checkbox"/>	<input type="checkbox"/>
	• Impact on project if dates are not met; and/or	<input type="checkbox"/>	<input type="checkbox"/>
	• Time required for another contractor to reach the same level for competence.	<input type="checkbox"/>	<input type="checkbox"/>

Procurement Justification – Attach a narrative response addressing the following as required by the identified SRH Section:

		Cal OES Approval	
		Yes	N/A
3522	Description of the product to be purchased;	<input type="checkbox"/>	<input type="checkbox"/>
	Necessity of purchase;	<input type="checkbox"/>	<input type="checkbox"/>
	How the price of the product was determined; and	<input type="checkbox"/>	<input type="checkbox"/>
	Other pertinent background data.	<input type="checkbox"/>	<input type="checkbox"/>

Subrecipient Signature – Individual must be on the Signature Authorization Form (Cal OES 2-103)

I certify a non-competitive bid is necessary for the contract/procurement identified on this form.			
Typed Name:		Title:	
Signature:		Date:	

Cal OES Approvals

Program Specialist:		Date	
Unit Chief:		Date:	