

Grant Program:	List the grant the procurement being charged to.	
Grant Award No.(s):	List the grant award number(s) – if multiple awards, list each award number separately, and number. Continue using these numbers to link remaining information in this section to applicable grant award.	FIPS #: Cal OES assigned FIPS # of the direct subrecipient.
Subrecipient Name:	List the name of the Cal OES direct subrecipient.	
If Subaward, list second-tier Subrecipient:	If applicable, list the name of the second-tier Subrecipient (entity initiating the procurement).	
Project No.(s):	List the project number(s) for this procurement.	Feedback # (if applicable): If applicable, list the CSTI assigned feedback number(s) for the HSGP related training(s).
Project Title(s):	List the project title(s).	
Requested Amount:	Enter the requested amount(s) under the Grant award(s).	Contract Total: Enter the contract total.
Vendor:	List the name of the vendor that is providing item(s)/service(s) for this procurement.	

Please complete the following questions based on the entity making the purchase.

- Describe what the proposed vendor/contractor will provide:**
Provide a short synopsis about what you are attempting to purchase.
- Has Cal OES approved a noncompetitive procurement for this item(s)/service(s) in the past?**
 Yes No
 If Yes, attach the most recent Cal OES approval letter and Noncompetitive Procurement Authorization form.
 No further supporting documentation needed, at this time.
- Is this noncompetitive procurement being made under a multi-year contract? Is the term of the contract longer than one year?**
 Yes No
 If No, proceed to question 6.
- If Yes to Question 3, has Cal OES approved a noncompetitive procurement in the past under this multi-year contract?**

Yes No

If No, proceed to question 6.

5. **If Cal OES has previously approved a noncompetitive procurement under this multi-year contract, have there been any modifications since that approval?**
Have there been any amendments to the contract such as an extension or increase in the contract amount since the last approval?

Yes No

Note: A price/cost analysis must be performed with every procurement above the Simplified Acquisition Threshold (SAT) including modifications. Modifications include any change to the original contract, including extensions.

If Yes, proceed to question 8.

If No, proceed to question 10.

6. **Indicate which of the following circumstances resulted in your organization's need to enter into a noncompetitive contract and describe the details of those circumstances for this request under the following below.**
Choose one of the following and insert the details of those circumstances on the form.

- The item is available only from a single source. *(Describe and detail the process used to make that determination.)*
- A public necessity or emergency for the requirement will not permit a delay resulting from competitive solicitation. *(Describe the necessity or emergency. Provide details.)*
- After solicitation of a number of sources, the competition was determined inadequate. *(Describe the solicitation process that determined competition was inadequate. Provide details including the length of the solicitation.)*

7. **Describe your organization's standard procedures when considering a noncompetitive procurement, including the conditions under which a noncompetitive procurement is allowed, and any other applicable criteria (i.e., approval requirements, monetary thresholds, etc.).**
Insert here the description of your organization's procurement procedures, including approval thresholds, and noncompetitive procurement approval procedures.

8. **Attach a copy of the cost/price analysis for this procurement or contract modification if above the SAT.**

9. **Do you have documentation to support profit negotiation?**
Documentation to be retained in subrecipient procurement file.

Yes No

Note: Profit must be negotiated for each contract in which there is no price competition and in all cases where cost analysis is performed.

10. Certification:			
This is to certify that, to the best of our knowledge and belief, the data furnished on this form is accurate, complete and current. We further certify that this procurement has followed local procurement policies, and state and federal guidelines. We understand that any fraudulent information contained on this form may affect the allowability of federal funding for this item and/or have an effect on future Cal OES funding for this organization.			
Purchasing Agent:	Name: Purchasing Agent of entity conducting procurement.	Signature:	Date:
Primary Subrecipient:	Name: This should be Cal OES' direct Subrecipient.	Signature:	Date:

Cal OES Internal Use Only	
Date Submitted:	
Procurement Type: <input type="checkbox"/> Single Source <input type="checkbox"/> Public Emergency <input type="checkbox"/> Inadequate Competition	
Attachments enclosed: <input type="checkbox"/> Previous Approval Letter <input type="checkbox"/> Previous Noncompetitive Procurement Authorization Request form for this item(s)/service(s) <input type="checkbox"/> Cost/Price Analysis <input type="checkbox"/> Other Supporting Documents: _____	
Program Representative Review - Comments:	
Unit Chief Review - Comments:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Grants Procurement Compliance Manager – Comments:	
Grants Procurement Compliance Manager:	Date:

