

COUNTY OF MENDOCINO General Services Agency

Tim Hallman ACTING DEPUTY CEO

EB No. 24-83

Central Services Division

EXCEPTION TO COMPETITIVE BIDDING PROCESS

SOLE/SINGLE SOURCE PURCHASING, AND DISCLOSURE STATEMENT

Request Date:	12/13/2023	
Requesting Department:	Department of Social Services, Adult and Aging Services	
Contact Name:	Francesca Rosales	
Contact No.	Email: Phone: (707) 463-7904	
Prior Sole Source Reference No.(s), if any:	EB# 23-123	
Description of Purchase or Service:	Legally mandated 24/7 emergency response telephone answering service for Social Services (SS) Adult Protective Services, SS Child Welfare Services, and Behavioral Health and Recovery Services	
Requested Vendor:	Tri-Cities Answering Service and Call Center, Inc.	
### \$65,000 (Original: \$25,000; A1: \$20,000, A3: \$20,000) #################################		000, A3: \$20,000)

OVERVIEW

State and local laws subject Mendocino County to competitive bidding rules. Requests for goods and/or services from a specific vendor or limited to a specific brand, where substitutes to the recommended vendor or brand are unacceptable, must be accompanied by a written justification (carefully documented on an 'Exception to Bidding' form) explaining the circumstances that make alternatives unacceptable.

Employees signing the justification must disclose in writing whether or not he/she has a potential or actual conflict of interest. County employees who have a business relationship with or financial interest in the recommended vendor must disclose the conflict of interest. Any employee with an actual or potential conflict of interest may not participate in the purchase decision.

The Chief Executive Officer/Purchasing Agent or authorized designee will determine whether the justification is appropriate. Requests for exception must be supported by factual statements that will pass an audit.

Goods: Departments must also note that the County must comply with competitive bidding on purchases of goods in the amount \$10,000 or more. This competitive bidding process is conducted solely by the General Services Agency/Central Services Division.

Services: Departments shall obtain competitive bids for personal and professional services contracts over \$25,000. If a department holds a contract between \$10,000 and \$25,000 for up to three consecutive years, said department shall obtain competitive bids for that contract before beginning the fourth year of said contract.

INSTRUCTIONS:

- Complete all relevant information and sections within the form.
- Provide full explanations, complete descriptions, and/or list all relevant reasons as requested.
- · Sign and date the form.
- Improperly completed, and/or unsigned forms may be returned to the sender.
- Upload completed form to Cobblestone and route for additional approvals.
- County Counsel will forward to the Executive Office. The Executive Office will forward to General Services
 Agency (for service-related requests, submit prior to the initiation of the contract process; for the acquisition of
 goods/commodities, submit prior to the submission of a requisition).
- Reference Mendocino County Policy No. 1 and General Services Agency's Competitive Procurement Guidelines.

Exception to Bidding Substantiation/Documentation

-	Select one of the following: Sole/single source procurement. Sole Source is defined as a product or service which is practicably available only from one source. A single source is a source specifically selected amongst others, if any, due to specific reasons, i.e. replacement parts, compatibility, quality, service, support, etc.					
	Proprietary procurement. A proprietary procurement restricts the product to that of one manufacturer. In such cases, the consideration of proposed equals is excluded. Competition may be obtained among the distributors which carry the specific product.					
2.	Please check all applicable categories below and provide additional information where indicated to support the type of exception indicated in No. 1 above.					
		The requested product is an integral repair part or accessory compatible with existing equipment. Existing Equipment: Manufacturer/Model Number: Age: Click or tap here to enter text. Click or tap here to enter text.				
	The requested product has unique design/performance specifications or quality requirements that are not available in comparable products.					
 The County has standardized the requested product or service and the use of another brand/model would require considerable time and funding to evaluate. The requested product or service is one with which I (and/or my staff) have specialized training and/or extensive expertise. Retraining would incur substantial cost in time and/or funding. The requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment is available at a lower-than-new content in the requested product is used or demonstration equipment in the requested product is used or demonstration equipment in the requested product in the requested product is used or demonstration equipment in the requested product i						
						Service proposed by vendor is unique; therefore, competitive bids are not available or applicable.
				○ Other factors (provide detailed explanation and substantiation in No. 3 below).		Other factors (provide detailed explanation and substantiation in No. 3 below).
					Provide a detailed explanation and pertinent documentation for each category checked in item above. Attach additional sheets if necessary: Tri-Cities Answering Service and Call Center, Inc. (Tri-Cities) currently contracts with the County to provide mandatory answering services for Social Services and BHRS. A Request for Proposals (RFP) was released in 2023 due to Tri-Cities implementing a new pricing structure, which required Social Services to request an amendment to the contract in the interim. Additional funds were added through the first Amendment, and the contract term was shortened to allow for RFP processing review through a second Amendment. The RFP was completed, but Social Services was unable to establish a new contract prior to the current Agreement end date. Due to the circumstances, Social Services is requesting to add additional funds (\$20,000), and extend the end date to cover the remainder of Fiscal Year 23-24, while Social Services works on establishing a new contract for the 24-25 FY with the selected vendor.	
	If yes expla	an evaluation of other equipment, products, or services performed? Yes No s, please provide all supporting documentation, including copies of any quotes obtained, and an anation below. or tap here to enter text.				

5. List below the name of each individual who was involved in the evaluation, if conducted, and/or in making the recommendation to procure this product or service. Attach additional information, Formif necessary and Each individual must submit a completed and signed Disclosure Statements (attached).

Francesca Rosales

Jesse VanVoorhis

Click or tap here to enter text.

Form: Exception to Bidding Request

6.	I certify that the above information is accurate to the best of my knowledge, and a signed copy of this document will be kept on file and available for audit in my department.

COUNTY COUNSEL/EXECUTIVE OFFICE/GENERAL SERVICES REVIEW

 Chalette Soft
 01/30/2024

 County Counsel Approval
 / Date

 Executive Office Approval
 / Date

 Purchasing Agent Approval
 / Date

Comments:

Click or tap here to enter text.

DISCLOSURE STATEMENT TO ACCOMPANY REQUEST FOR EXCEPTION TO COMPETITIVE BIDDING PROCESS

Each individual involved in evaluating and/or in making a recommendation to purchase must complete, sign, and submit a Disclosure Statement with the applicable Purchase Requisition. Filing an annual statement of economic interest does not exempt an employee from this requirement. (Attach additional information if necessary.)

	nal information if necessary.)		
1.	Please list any income or gifts you received from this company during the past 12 months:		
	N/A		
2.	Please list any financial interests (stocks, shares, investments, etc.) you have in this company:		
	N/A		
3.	Do you have any other type of business relationship with this company?		
	N/A		
4.	To the best of your knowledge, does any member of your departmental staff have a business relationship with this company?		
	N/A		
5.	. Do you or any of your near relatives have any financial interest in this company?		
	N/A		
6.	Please provide any additional information you believe should be disclosed at this time:		
	N/A		
7.	I certify that the above information is true:		
j	Jesse Van Voorhis		
	Signature Printed Name		
	1-3-2024 Senior Program Manager		
	Date Title		

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	N/A				
2.	Please list any financial interests (stocks, shares, investr	ments, etc.) you have in this company:			
	N/A				
3.	Do you have any other type of business relationship with this company?				
	N/A				
4.	To the best of your knowledge, does any member of your departmental staff have a business relationship with this company?				
	N/A				
5.	Do you or any of your near relatives have any financial interest in this company?				
	N/A				
6.	Please provide any additional information you believe should be disclosed at this time:				
	N/A				
7.	I certify that the above information is true:				
-	Signature	<u>Francesca Rosales</u> Printed Name			
_	01/04/2024	Program Administrator			
[Date	Title			