



# COUNTY OF MENDOCINO

## Executive Office

### Procurement

**EXCEPTION TO COMPETITIVE BIDDING PROCESS****SOLE/SINGLE SOURCE PURCHASING, AND DISCLOSURE STATEMENT**

<b>Request Date:</b>	2/13/2025	
<b>Requesting Department:</b>	Facilities and Fleet	
<b>Contact Name:</b>	Kirk Viera	
<b>Contact No.</b>	Email: vierak@mendocinocounty.gov	Phone: 707-234-6058
<b>Prior Sole Source Reference No.(s), if any:</b>	N/A	
<b>Description of Purchase or Service:</b>	Self-Contained Unisex Bathroom	
<b>Requested Vendor:</b>	Green Flush Restrooms	
<b>Estimated Total Cost:</b> (Attach all written quotations)	\$233,575.00	

**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 Executive Office.

**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.
- Reference Mendocino County Policy No. 1 and the Competitive Procurement Guidelines.

**Exception to Bidding Substantiation/Documentation****1. 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: Click or tap here to enter text.  
 Manufacturer/Model Number: Click or tap here to enter text.  
 Age: Click or tap here to enter text.  
 Current Estimated Value: 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 cost.
- ☐ Repair/Maintenance service is available only from manufacturer or designated service representative.
- ☐ Upgrade to or enhancement of existing software is available only from manufacturer.
- ☒ 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).

**3. Provide a detailed explanation and pertinent documentation for each category checked in item 2 above. Attach additional sheets if necessary:**

The project to replace the restrooms at Mill Creek Park presented several challenges to address ADA Accessibility; to meet that requirement the location will not have electrical power, water supply or septic connection, in addition to being fire and vandal resistant. Green Flush Restrooms are designed to be self-contained and are available with solar electrical system, water tank and waste storage vault that can be serviced with routine septic servicing at much longer intervals than the current portable restrooms. They are also available with fire and vandal resistant concrete block construction. After extensive research, staff have found that Green Flush is the only manufacturer of stand-alone restroom facilities that meet all of the COUNTY's requirements for a self-contained stand-alone restroom. Alternative solutions such a site-built structures or extension of septic, water, and power connections are cost prohibitive.

**4. Was an evaluation of other equipment, products, or services performed? ☒ Yes ☐ No**

*If yes, please provide all supporting documentation, including copies of any quotes obtained, and an explanation below.*

We have been unable to find another vendor that can meet the COUNTY's requirements for the self-contained, stand-alone restroom.

- 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, if necessary. Each individual must submit a completed and signed Disclosure Statement (attached).**

Doug Anderson

Kirk Viera

Click or tap here to enter text.

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.

Kirk Viera

Signature

February 13, 2025

/ Date

Kirk Viera

Printed Name

Facilities and Fleet

Department

Facility Project Specialist I

Title

Doug Anderson

Department Head Signature

2/13/2025

/ Date

Doug Anderson

Printed Name

## COUNTY COUNSEL/EXECUTIVE OFFICE/REVIEW

Mona Lisa

County Counsel Approval

03/06/2025

/

Date

[Signature]

Executive Office Approval

03/06/2025

/

Date

Darcie Antle

Purchasing Agent Approval

03/06/2025

/

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.)

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?

NO

4. To the best of your knowledge, does any member of your departmental staff have a business relationship with this company?

NO

5. Do you or any of your near relatives have any financial interest in this company?

NO

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:

Kirk Viera

Signature

February 13, 2025

Date

Kirk Viera

Printed Name

Facility Project Specialist I

Title

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N/A

7. I certify that the above information is true:

Doug Anderson  
Signature

2/13/2025  
Date

Doug Anderson  
Printed Name

Capital Project Manager  
Title