



COUNTY OF MENDOCINO

Executive Office

Central Services Division

EB No. _____

CARMEL J. ANGELO
CHIEF EXECUTIVE OFFICER
PURCHASING AGENT

EXCEPTION TO COMPETITIVE BIDDING PROCESS

SOLE/SINGE SOURCE PURCHASING, AND DISCLOSURE STATEMENT

Request Date:	October 11, 2016	
Requesting Department:	HHSA-SUDT	
Contact Name:	Art Davidson	
Contact No.	Email: davidsona@co.mendocino.ca.us	Phone: 472-2641
Prior Sole Source Reference No.(s), if any:		
Description of purchase or service:	Provide multiple offender drinking and driving services consistent with the requirements, regulations, and standards of the California Department of Healthcare Services and the State Department of Alcohol and Drug Programs.	
Requested Vendor:	North Coast Drivers	
Estimated Total Cost: (Attach all written quotations)	\$ 209,741.00	

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. The employee 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.

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/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 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.

- Submit completed form to the County Counsel. Following their review, County Counsel will forward to the Executive Office (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 Executive Office's 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: _____
Manufacturer/Model Number: _____
Age: _____
Current Estimated Value: _____
- ☐ 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 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:

North Coast Drivers is the only provider in Mendocino County providing multiple offenders drinking and driving services consistent with the requirements, regulations, and standards of the California Department of Healthcare Services and the State Department of Alcohol and Drug Programs.

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.

5. List below the name of each individual who was involved in the evaluation, if conducted, and 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).

Art Davidson
Jenine Miller

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.

 Signature / Date

Art Davidson
 Printed Name

BHRS SUDT
 Department

Deputy Director AODP
 Title

 Department Head Signature / Date

Jenine Miller
 Printed Name

EXECUTIVE OFFICE/CENTRAL SERVICES REVIEW

☐ APPROVED / ☐ DENIED:

 County Counsel / Date

☐ APPROVED / ☐ DENIED:

 Buyer Approval / Date

 Executive Office/Purchasing Agent Approval / Date

Comments:

**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:

None

2. Please list any financial interests (stocks, shares, investments, etc.) you have in this company:

None

3. Do you have any other type of business relationship with this company?

None

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:

None

7. I certify that the above information is true:

Signature

Art Davidson

Printed Name

Date

Deputy Director AODP

Title

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None

7. I certify that the above information is true:

Signature

Jenine Miller

Printed Name

Date

HHSA Assistant Director/
Behavioral Health Director

Title