Date Received

CHIEF ADMINISTRATIVE OFFICE Procurement and Contracts Division

NON-COMPETITIVE PURCHASE REQUEST JUSTIFICATION

Required for all (non-emergency) sole source acquisitions in excess of \$5,000.00 and sole source service requests in excess of \$100,000.00.

This justification document consists of three (3) pages. All information must be provided and all questions must be answered. **Department Head approval is required.**

Requesting Department Information

Department:	Org Code:
04-Treasurer/Tax Collector	0410000
Contact Name:	Subobject: User Code:
HdL Cloud #8665	4538
Telephone:	Fax:
530-621-5823	
Required Supplier	/ Vendor Information
Vendor / Supplier Name:	Vendor / Supplier Address:
Hinderliter De Llamas & Associates	120 S State College Blvd, Suite 200
Contact Name:	
George Bonnin, Contract Administrator	Brea, CA 92820
Estimated Purchase Price/Contract Amount:	Vendor / Supplier Email Address:
\$54,708.93 first year, \$26,088.93 +CPI future years	GBonnin@hdlcompanies.com
Telephone:	Fax:
714-879-5000	
Provide a brief description of the request, including all goods exemption reference from Board Policy C-17 - Procurement	s and/or services the vendor/supplier will provide and supporting Policy:
Department Head: Karen Coleman (Apr 29. 2024 15:04 PDT) Signature	
Purchasing Agent: Laura Schwartz	
Board of Supervisors:	P&C Assignment:
Date: 5/14/24	Assigned To:
Item: 24-0730	Date:

A. The good/service requested is restricted to one supplier for the reason stated below:

1. Why is the acquisition restricted to this goods/services supplier? (Explain why the acquisition cannot be competitively sourced. Explain how the supplier is the only source for the acquisition.)

2. Provide the background of events leading to this acquisition.

3. Describe the uniqueness of the acquisition. (Why was the goods/services supplier chosen?)

4. What are the consequences of not purchasing the goods/services or contracting with the proposed supplier?

5. What market research was conducted to substantiate no competition, including the evaluation of other items or service providers? (Provide a narrative of your efforts to identify other similar or appropriate goods/services, including a summary of how the department concluded that such alternatives are either inappropriate or unavailable. The name and addresses of suppliers contacted and the reasons for not considering them must be included OR an explanation of why the survey or effort to identify other goods/services was not performed.)

B. Price Analysis:

1. How was the price offered determined to be fair and reasonable? (Explain what basis was used for comparison and include cost analysis as applicable.)

2. Describe any cost savings or avoidance realized (one-time or ongoing) by acquiring the goods/services from this supplier.

Non-Competitive-Bid-Justification-HdL Cloud

Final Audit Report

2024-04-30

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