

CHIEF ADMINISTRATIVE OFFICE
Procurement and Contracts Division

Date Received

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: 53-Behavioral Health	Org Code: 5310
Contact Name: Meredith Zanardi	Subobject: _____ User Code: _____
Telephone: (530) 621-6340	Fax: _____

Required Supplier / Vendor Information

Vendor / Supplier Name: CalMHSA	Vendor / Supplier Address: 1610 Arden Way, Suite 175, Sacramento CA 95815
Contact Name: Anna Allard	_____
Estimated Purchase Price/Contract Amount: \$148,176	Vendor / Supplier Email Address: anna.allard@calmhsa.org
Telephone: (209)843-4447	Fax: _____

Provide a brief description of the request, including all goods and/or services the vendor/supplier will provide and supporting exemption reference from Board Policy C-17 - Procurement Policy:

Department Head: 
Signature Olivia Byron-Cooper (Apr 30, 2026 13:57:29 PDT)

Purchasing Agent: 
Signature Michele Weimer (May 1, 2026 09:08:16 PDT)

Board of Supervisors:
Date: 06/09/26
Item: 26-0431

P&C Assignment:
Assigned To: _____
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.