

UC PROCUREMENT SERVICES  
SMALL BUSINESS FIRST (SET-ASIDE) NON-AWARD JUSTIFICATION FORM (WAIVER)  
For purchases  $\geq$ \$10,000 and  $\leq$ \$250,000

This document must be completed by the requesting Department for all applicable purchases  $\geq$ \$10,000 and  $\leq$ \$250,000 (excluding tax, but including shipping), to substantiate the appropriateness of awarding to a non-Small Business (SB) or Disabled Veteran Business Enterprise (DVBE).

**Waiver Exemptions:** The following purchase and/or agreement types are exempt from the Small Business First policy and do not require a waiver – interagency, federal government, research sub-awards, local government, higher education institutions, concessions, revenue/reimbursement contracts, statutorily exempt, policy exempt, emergency, local assistance/subvention, and proprietary contracts.

Wherever possible purchases should be made through existing Systemwide Strategically Sourced agreements. Purchases made leveraging existing Systemwide Strategically Sourced agreements are not required to go through the Small Business First program. Locations are strongly encouraged to seek competition even in cases where goods and/or services are exempt from the requirement to competitively bid.

Requisition #: \_\_\_\_\_ Dollar Amount: \_\_\_\_\_

Campus Department: \_\_\_\_\_

Brief Scope of Work:

UNSPSC code: \_\_\_\_\_

Provide all additional UNSPSC codes, NAICS codes, licenses, and keywords used for search:

Reason for waiver request (choose one):

- 1 -No or insufficient # of SB/DVBE suppliers identified
- 2 -Good/service offered by one supplier
- 3 -Quality of Material is substandard
- 4 -Cost Considerations
- 5 -Suppliers found but unable to perform work
- 6 -Unable to obtain enough valid quotes
- 7 -Supplier did not want to become certified as a SB or DVBE
- 8 -No supplier in needed service area
- 9 -Choosing SB/DVBE would disrupt business operations
- 10 -No supplier response
- 11 -Other as specified in justification

Attach and select all applicable items below with waiver submission:

- Requisition
- Scope of Work
- Failed solicitations
- Correspondence from the manufacture, supplier, or program
- Documentation of Small Business Officer assistance
- Documentation of supplier search/bidders list
- Cost Analysis
- Correspondence from manufacturer, supplier, or program
- Past procurement data search or previous contract information
- Evidence of SB, DVBE recruitment efforts

**Detail the unique circumstances and/or specifications** that make this non-award to a SB or DVBE supplier the only means of meeting the requirements of the Scope of Work and why SB or DVBE suppliers were not selected and include all relevant documentation to support this justification. **NOTE:** Pre-work with the selected supplier to customize the equipment, thereby excluding competition, is not an allowable justification. Price and brand names are not allowable justifications.

**CONFLICT OF INTEREST STATEMENT (REQUIRED):** To the best of my knowledge, no UC employee or near relative of a UC employee is the supplier or holds more than a 10% ownership or controlling interest in the supplier OR the UC employee is exempt because he/she has teaching or research responsibilities and the goods or service is not commercial. I am the individual who has gathered and provided this detailed information and any further questions regarding these details can be directed to my attention.

I certify that this purchase will not present a conflict of interest as defined by university policy and that I have received no income, gifts or gratuities from or have an investment in this supplier. **Agree:**

If you do not agree with the above statement, please provide an explanation:

**REPRESENTATION (REQUIRED):** By signing below, I hereby certify the foregoing is true and correct to the best of my knowledge.

Dept. Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Responsible Party Name: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

**WAIVER APPROVAL (REQUIRED):**

Policy Exception Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Exception Authority Name: \_\_\_\_\_ Email/Phone: \_\_\_\_\_