



FONTANA
CALIFORNIA

**CITY OF FONTANA
NON-COMPETITIVE SOURCE SELECTION JUSTIFICATION**

Contract/Req. No.:		Amendment No.:		Requestor:		Date:	
Pre-Tax Amount:	\$	Tax:	\$	Freight:	\$	Total Amount:	\$
Vendor Name:							

FUNDING SOURCE AND AUTHORIZATION (check as applicable)

City Resources	<input type="checkbox"/>	Gov't Grant	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Certifications:	Debarment⁴	<input type="checkbox"/>	Anti-Lobby⁵	<input type="checkbox"/>	Certificate(s) Attached	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Fund:				Object Code:				
Equipment Screening⁶:	Yes	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Title Vests: -			
Purchase Description:								

1. Source Selection - Competition is impracticable (Check appropriate box):

- UNAVAILABLE FROM ANY OTHER SOURCE.** No competitive advantage would be gained from competitive pricing, such as when equipment, goods, materials, supplies, personal property, or services are unique and are only available from one source. (Explain below. Include all contacts made to verify the sole source or single source situation.)
- COOPERATIVE PURCHASING AGREEMENT.** This product or service required is being purchased under a cooperative purchasing agreement. (Explain below).
- SAME PRICE PURCHASED BY ANOTHER PUBLIC AGENCY.** The product or service required was awarded a bid by another public agency that has purchasing procedures substantially similar to those that the city would have been required to use, and the vendor offers the same price(s) to the city that it offered to the other agency.
- EMERGENCY.** This product or service required is due to an emergency, determined by the City Manager, which could not have been anticipated and critical need precludes any form of competition. (Purchases more than \$100,000 must be presented at the next regular City Council Meeting for ratification by the City Council. Please attach supporting documentation and approval from City Manager).
- OTHER REASON(S).** (Explain below).

Detail information to support above justification(s):

⁴ Applies to purchases under a Federal Grant equal to or more than \$25,000
⁵ Applies to purchases under a Federal Grant equal to or more than \$100,000
⁶ Applies to equipment purchases under a Federal Grant equal to or more than \$5,000

2. Price/Cost Analysis (ONLY APPLICABLE TO PURCHASES/CONTRACTS THAT EXCEED \$100,000):

The action taken in verifying price reasonableness is indicated below. Identify the method(s) listed below used to verify price reasonableness. Check one or more paragraphs below as applicable.

- Current price schedule (verifiable catalogue, published price list, etc.)
Schedule Name/No.: _____ Unit Price: \$ _____
Supplier Contact: _____ Date of Schedule: _____
- Previous purchase.
Supplier: _____ Unit Price: _____
PO No.: _____ PO Date: _____
- Similar item in related industry.
Price Source: _____ Unit Price: _____
Supplier: _____ Date: _____
- Any other Reasonable basis:

3. Small Business' Solicited (Federally Funded Procurements Only)

- Document whether Small Business, HUBZone Small Business, Small Disadvantaged Business, Women Owned Small Business or Service Disabled Veterans Owned Business or Veterans of Vietnam Era Owned Business concerns were solicited and, if not, why not.
 - Applicable Businesses' referenced above were solicited.
 - No Applicable Businesses referenced above were solicited because

-----Attach additional sheets as needed-----

Required Signatures:

Requestor Name (Print) Requestor Signature Date

Department Director Name (Print) Department Director Signature Date