

SMALL BUSINESS FIRST (SET-ASIDE PROGRAM FOR UC BERKELEY)

Non-Award Justification Form (Waiver)

—For non-Federally funded purchases \geq \$100,000 and \leq \$250,000

This document must be completed by the requesting Department for all applicable non-Federally funded purchases valued \geq \$100,000 and \leq \$250,000 annually (excluding tax, but including shipping), to substantiate the appropriateness of awarding to a non-Small Business (SB) or Disabled Veteran Business Enterprise (DVBE). (Please review the *Small Business First* Non-Award Justification Form Instructions prior to filling out this document.)

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

The *Small Business First* program does not apply to circumstances where Federal, grant, court decision, or court order requirements dictate how funds can be expended.

Wherever possible, purchases should be made through existing Strategically Sourced agreements. Purchases made with existing Strategically Sourced agreements are not required to go through the *Small Business First* program.

I. GENERAL INFORMATION

Requisition #: _____ Dollar Amount: _____

Campus Department: _____

Brief Scope of Work:

II. WAIVER JUSTIFICATION

- A. Select or fill in below the relevant portals and systems that were searched to locate Small Businesses or Disabled Veteran Business Enterprises to meet the Scope of Work requirements for this opportunity:

[Explorer Professional](#)

[Cal eProcure](#)

Other: _____

- B. List below the relevant UNSPSC, NAICS or other code(s), licenses or keyword(s) used to search for Small Businesses or Disabled Veteran Business Enterprises to meet the Scope of Work requirements for this opportunity:

- C. **Reason for Waiver Request (choose one).** Select below the primary reason for this waiver request. You will be asked to provide a narrative below to further detail to the justification for this request based on the primary reason selected.

None, or insufficient number of SB/DVBE suppliers identified

Goods/services offered by only one supplier

Quality of material or service is substandard

Suppliers found, but unable to perform work

Unable to obtain enough valid quotes

Supplier did not want to become certified SB or DVBE

No supplier in needed service area

Choosing SB/DVBE would disrupt business operations

No supplier response

Other, as specified in justification

To support this waiver justification, please attach any relevant documentation. Examples of the type of documentation to include are: failed solicitations; correspondence from the manufacturer, supplier, program; documentation of Small Business Officer assistance; documentation of supplier search/bidders list; past procurement data search or previous contract information; or evidence of SB/DVBE recruitment efforts.

D. **Justification Narrative.** Detail below the unique circumstances and/or specifications that support the Reason for Waiver Request selected above. This narrative must clearly state why awarding to a non-SB or DVBE is the only means of meeting the requirements of the Scope of Work. **NOTE:** Pre-work with the selected supplier to customize the equipment or service, thereby excluding competition, is not an allowable justification. Price and brand names are not allowable justifications.

III. REPRESENTATION

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: _____

Dept. Responsible Party Title: _____

IV. WAIVER APPROVAL

Policy Exception Authority Signature: _____ Date: _____

Policy Exception Authority Name: _____ Email/Phone: _____

Policy Exception Authority Title: _____