

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**JUSTIFICATION FOR NON-COMPETITIVE
FEDERAL ASSISTANCE**

INSTRUCTIONS: Prepare in triplicate. Send the original to your Departmental Officer (Regional Directors: Directors of *NPPS*: Director and Assistant Deputy Administrator. AHP). Send one copy to the Budget and Accounting Division. Retain one copy for your files.

1. RECOMMENDATION (*Negotiate only with the following*):

2. FOR (*Description of supply service*):

3. AGREEMENT/GRANT NUMBER:

4. ESTIMATED COST:

FEDERAL ASSISTANCE FACTORS

Before requesting this non-competitive Federal Assistance, the following factors were considered in addition to the responses and narrative justifications provided to support this request. For each question below, select "YES" or "NO". For all "YES" answers, provide a narrative response (*citing each number*) and attach it to this form.

	YES	NO
5. Is the item a patented, copyrighted or licensed item? If so, how is this material to your justification?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the applicant have a capability which is important to the specific effort and one that makes them clearly more desirable than another firm in the same general field? Explain.	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the applicant possess prior experience, of a highly specialized nature, not possessed by others, which is vital to the proposed effort? How was this determined? Describe specialized experience.	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the proposed applicant have personnel considered predominant experts in the particular field? In what respect? How was this determined?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the applicant have facilities and test equipment which are specialized and vital to the effort? Describe.	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the applicant have a substantial investment of some kind which would have to be duplicated at Government expense by another firm entering the field? Explain.	<input type="checkbox"/>	<input type="checkbox"/>
11. If schedules are involved and are critical, can the selected applicant best meet them? Explain.	<input type="checkbox"/>	<input type="checkbox"/>
12. If lack of drawings or specifications are guiding factors, is the proposed applicant best able to perform under these conditions? Explain.	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the effort a continuation of a previous effort performed by the proposed applicant? Explain.	<input type="checkbox"/>	<input type="checkbox"/>
14. Are there any unique factors to be considered? Describe.	<input type="checkbox"/>	<input type="checkbox"/>
15. Has this item or service been awarded previously? If so, what prior steps were taken to make this assistance award a competitive one?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does this request represent an acceptance of an unsolicited proposal? If affirmative, how was proprietary information treated? What factors preclude competitive solicitations for same or similar results?	<input type="checkbox"/>	<input type="checkbox"/>
17. What steps are to be taken (data, tooling, etc.) in this award to insure that the next assistance award (<i>if any</i>) will be placed on a competitive basis? Explain. (<i>Use the separate attachment if more space is needed.</i>)		

CERTIFICATION

I hereby certify that to the best of my knowledge, no other item/service will reasonably substitute for the requested item or service.

18. NAME AND TITLE OF REQUISTIONER

19. SIGNATURE

20. DATE

21. NAME AND TITLE OF APPROVING OFFICIAL

22. ☐ CONCUR

☐ DO NOT CONCUR

23. SIGNATURE

24. DATE