# SUPPORT SERVICES JOB AID

# NAF Acquisitions Supplies, Resale Merchandise, Non-Personal Services, Equipment, and Property

# DO THIS TASK WHEN

- There is a need to restock resale items.
- There is a need to acquire new resale items.
- There is a need to replace/restock operational supplies.
- There is a need to acquire new equipment, tools, supplies, or property.
- There is a need to replace obsolete, lost, stolen, or irreparable equipment, tools, supplies, or property.
- There is a need to obtain competitively sourced, nonpersonal services.

# **REFERENCES**

- DoDI 4105.67, Nonappropriated Fund Procurement Policy
- DODI 7000.14-R, <u>Department of Defense Financial</u>
  <u>Management Regulations</u>
- CNICINST 1710.3, Operation of Morale, Welfare, and Recreation Programs
- DODI 5500.7 (series), <u>Standards of Conduct Joint Ethics</u>
  <u>Regulation</u>

# REFERENCES (cont.)

- CNICINST 7043.1CH-1, <u>Procurement Policy for CNIC Nonappropriated Fund Activities</u>
- DODI, 1015.10 (series), <u>Programs for Military Morale</u>, Welfare, and Recreation (MWR)
- SECNAVINST 7043.7, Department of the Navy policy for the Operation and Management of the Nonappropriated Fund Purchase Card Program
- CNIC NAF Purchase Card SOP
- Local standard operating procedures (SOPs)

# SUPPLIES/ RESOURCES

- CNIC NAF and local APF purchase request forms
- Locally developed, Par Stock Worksheet
- Log of blanket purchase agreement (BPA) purchases
- CNIC Abstract of Offer, Price Quotation
- Standard Form 18, Request for Quotations or RFQ Letter
- Sole source justification
- Brand Name Justification and Approval form
- Standardized NAF Contracts and APF Statements of Work
- Performance Work Statement (PWS)
- NAVCOMPT Form 2276, Request for Contractual Procurement
- DD Form 1348-6, <u>DoD Single Line Item Requisition</u> System Document
- DD Form 1155, Order For Supplies or Services

- A Guide to APF Support for MWR Programs.
- Many of these forms are available for download at: https://www.navymwr.org/resources/NAF\_Aquisitions

# THIS TASK IS DONE CORRECTLY WHEN

- Purchase requests are submitted to the region procurement office with copies routed or filed in accordance with local procedures.
- Purchase requests are used to acquire necessary supplies, resale merchandise, non-personal services, equipment, or property.
- Appropriate documentation is used to ensure timely, accurate, and acceptable procurement, delivery and receipt of necessary supplies, resale merchandise, services, equipment, and/or property.
- Procedures are in place to prevent actual or perceived unethical/unlawful purchasing activity.
- Purchase card statements are reconciled each month in accordance with APF & NAF purchase card policies.

## **NOTES**

Market research and ordering supplies, resale merchandise, non-personal services, equipment, and/or property for your Program, business or office is a recurring and sometimes time-consuming task requiring you to:

- Plan your procurement requirements in advance.
- Know the quantities and what supplies, equipment, resale merchandise, non-personal services, and/or property you need.
- Identify appropriate sources, specifications, estimated costs, and the turn-around-times applicable to these purchases.
- Determine what to purchase, when to purchase, whether to purchase, and your best (most cost effective) procurement options.

# NOTES (cont.)

- Make best and timely use of your approved NAF and APF budget.
- Submit appropriate procurement paperwork and/or use your authorized government purchase cards in a timely and authorized manner.
- Follow-up with the installation/region procurement office to determine status of all requests.

Doing these in an efficient and effective manner is critical to the success of your Program, business or office.

There are a variety of reasons why advanced planning for procurement is essential to a successful operation.

## These include:

- Having the supplies, resale merchandise, non-personal services, equipment, and/or property to provide your Program's activities, events, products and services when you need them.
- Taking advantage of specials on seasonal items to ensure they are on hand at the right time.
- Not missing sales/profit/service opportunities due to items that are "not in stock" (NIS).
- Taking advantage of industry trends.
- Receiving the best quality products at the best prices.
- Stocking only the necessary quantities of supplies and acquiring only the services or equipment needed to operate your Program efficiently while meeting your customer's needs.

# NOTES (cont.)

Advance planning for <u>major purchases</u> (fixed assets and purchases over \$10,000) is required to comply with procurement and budget directives. Conducting market research is good business.

- Your research efforts should always consider quality, warranty, service, and price prior to selecting supplies, resale merchandise, non-personal services, equipment, and/or property.
- When contracting non-personal services (e.g., aerobic dance instructor, dance band, carnival games company, etc.), allow enough time to conduct interviews or observe the provider in action and then to complete the appropriate procurement processes.

To maintain the integrity of the MWR fund, a system of checks and balances must be established for your procurement process. (See <u>Control Supplies, Resale Merchandise</u>, <u>Equipment and Property</u>)

Your procurement processes must ensure separation of function and be detailed in a local procurement instruction or SOP. An effective separation of function system requires that different FFR staff members:

- Sign purchase requests.
- Negotiate, sign and execute contractual documents. [e.g., Purchase Orders (POs), Delivery Orders (DOs), Blanket Purchase Agreements (BPAs), etc.] This action must be completed by procurement personnel.
- Receive and sign for supplies, non-personal services, or equipment.
- Approve payment for purchases.
- · Sign checks.

The overall responsibility of establishing these systems and providing written and procedural guidance resides with your FFR Director.

# NOTES (cont.)

The following prioritized list indicates the typically preferred, small purchase (\$250,000 or less) procurement methods. You will need to follow local guidance. Which of these you use will depend on the methods you are authorized to use and have available:

- NAF Purchase Card purchases from commercial vendors/suppliers, Base Supply Center (BSC), NEX, etc., as authorized in the CNIC NAF purchase card and local SOPs.
- APF purchase card purchases, per applicable policy.
- Calls against existing Blanket Purchase Agreements, per applicable policy.
- Issuance of Delivery Orders, per applicable policy. (Delivery Orders against existing negotiated contracts. e.g., AFNAFPO, GSA, etc.)
- Issuance of Purchase Orders, per applicable policy.

## **REMINDERS:**

- Awarding/issuing Purchase Orders (POs), Delivery Orders (DOs), Blanket Purchase Agreements (BPAs), or Contracts is a function of the installation/region procurement office. Persons assigned this responsibility are required to obtain a Contracting Officer warrant.
- A BPA caller, who is designated in writing in the BPA, may make calls up to \$5000 per call without a Contracting Officer warrant.
- Each NAF purchase cardholder must receive purchase card training <u>and</u> a Letter of Appointment as an "ordering officer" granting him/her the authority to use the card up to specified individual single-item and aggregate monthly limits appropriate to the job. <u>These single-item purchase limits cannot exceed \$10,000</u> without a Contracting Officer warrant.
  - Appointed and warranted Ordering Officers or Contracting Officers may make orders against certain Indefinite Delivery/Indefinite Quantity (IDIQ) contracts.

# **PROCEDURE**

| Step 1 | Identify the supplies, resale merchandise, non-personal services, equipment, and/or property needed for the following. |   |  |  |  |  |  |  |  |
|--------|--|---|--|--|--|--|--|--|--|
|        | ☐ To replac  | To replace/re-stock resale merchandise to appropriate levels (par).   |  |  |  |  |  |  |  |
|        | NOTE:  | Setting par levels (minimums/maximums) of supplies, resale merchandise and equipment assists in controlling spoilage/waste/theft. Using par levels also helps prevent run-outs, over purchasing, or aging supplies. |  |  |  |  |  |  |  |
|        |  | A par stock worksheet with preparation instructions is provided at the end of this task.  |  |  |  |  |  |  |  |
|        |  |   |  |  |  |  |  |  |  |
|        | ☐ To acquir  | re new resale merchandise.  |  |  |  |  |  |  |  |
|        | ☐ To replac  | e/re-stock operational supplies.  |  |  |  |  |  |  |  |
|        | ☐ To acquir  | re new equipment, tools, or supplies.   |  |  |  |  |  |  |  |
|        | •  | e obsolete, lost, stolen, or irreparable supplies, resale lise, services, equipment, and/or property.   |  |  |  |  |  |  |  |
|        | ☐ To obtain  | competitively-sourced/contracted non-personal services.   |  |  |  |  |  |  |  |

Step 2 Confirm that needed purchases have been budgeted for and/or approved for your Program and that funds are still available by checking your budget records or confirming with your Business Office/Procurement Office. (See Monitor NAF & APF Budget Execution.)

| IF:                                     | THEN:   |  |  |  |  |
|---|---|--|--|--|--|
| Budgeted, approved, and funds available | Continue with next step.  |  |  |  |  |
| <b>NOT</b> budgeted or approved         | Justify and request funding.     OR -   |  |  |  |  |
| Funds <b>NOT</b> available              | Reclama and request <u>alternative</u> funding.     - OR -      Adjust program until funding is available. (e.g., include in next budget cycle, prepare stronger justification, etc.) |  |  |  |  |

# **Step 3** Determine the type of funds from which the purchase will be paid.

| IF PURCHASE AUTHORIZED USING: | THEN:                       |  |  |  |
|-------------------------------|-----------------------------|--|--|--|
| Appropriated Funds            | Complete Steps 4 through 8. |  |  |  |
| Nonappropriated Funds         | Continue with Step 9.       |  |  |  |

NOTE: These purchasing decisions are generally decided during the annual NAF and APF budgeting processes.

DODI, 1015.10 (series), <a href="Programs for Military Morale">Programs</a>, <a href="Melfare">Melfare</a>, <a href="Melfare">and</a></a>
<a href="Recreation">Recreation</a> (MWR)</a> describes the categories of MWR Programs with brief program descriptions and contains an APF Authorization Table. (See excerpt of these tables at end of your MWR Managers' Operations Guide <a href="Prepare APF Budget Input">Prepare APF Budget Input</a>, but always refer to a current DODI, 1015.10 (series) table.)

## **APF FUNDED PURCHASES**

# **Step 4** Complete a request for APF purchase per local policy.

NOTE:

Local APF procurement policy may require that you submit these requests on NAVCOMPT 2276, Request For Contractual Procurement or DD Form 1348-6, DoD Single Line Item Requisition System Document.

-OR 
Local policy may advise that you use a locally developed APF purchase request form. (See sample at the end of this task.)

| IF:              | AND YOU:                                   | THEN:   |  |  |  |
|------------------|--|---|--|--|--|
|                  | have an APF purchase<br>card               | Make purchase using your APF purchase card.   |  |  |  |
| \$10,000 or less | do <b>NOT</b> have an APF<br>purchase card | Forward Purchase Request to an authorized cardholder for purchase.  |  |  |  |
| Over \$10,000    | $\rightarrow$                              | Complete purchase request documentation. (This may include providing quotes and specifications if a non-GSA contract source.) |  |  |  |
|                  |  | Forward documentation to purchasing office per local policy.  |  |  |  |

| Step 5 | Retain a co | py of all a | pproved | purchasing | documents in | your files | for: |
|--------|-------------|-------------|---------|------------|--------------|------------|------|
|        |             |             |         |            |              |            |      |

- Tracking budget expenditures in your local APF budget expenditures log, records, or spreadsheet.
- A record of supply/equipment purchases.
- A tickler to remind you of pending purchases.
- **Step 6** Record your purchase request dates in your things-to-do list, daily planner, scheduler, or other similar tickler type file system.
- **Step 7** Monitor the status of your purchase requests to ensure timely delivery of your requested supplies, resale merchandise, services, equipment, and/or property.
  - Communicate with your purchasing point of contact (POC) whenever you have short time frames or when delivery times are exceeding expectations or vendor promises.
- **Step 8** Reconcile your APF purchase card statements monthly in accordance with the APF purchase card SOP.
  - Route the reconciled statement and supporting documentation to your immediate supervisor or as indicated in local policy.
  - Track your adjusted APF account balances in STARS or CFMS (see <a href="Prepare APF Budget Input">Prepare APF Budget Input</a>.



Stop here! You have completed the steps for APF Funded Purchases.

# **NAF FUNDED PURCHASES**

**Step 9** Select appropriate NAF purchase procedures based upon cost estimates.

| IF PURCHASE/<br>CONTRACT<br>COST<br>ESTIMATE IS: | AND:  | THEN:   |  |  |  |  |
|--|---|---|--|--|--|--|
| \$10,000 or less                                 | $\rightarrow$                                 | Use good business sense and conduct market research with regard to price, quality, warranty, service, etc.      Only one price estimate is required.      Continue with Step 10.  |  |  |  |  |
| Over \$10,000                                    | You must<br>purchase from a<br>single source. | Provide written sole source justification. (See example of a sole source justification form at end of this task.)      Continue with Step 10.   |  |  |  |  |
| Over \$10,000                                    | $\rightarrow$                                 | Conduct market research to obtain price estimate, available sources, and descriptions. Provide your installation/region procurement office with the required documents. (Formal contracting procedures are required.)      Go to Step 11. |  |  |  |  |

**NOTE:** Examples of NAF purchase request (NPR) forms are provided at the end of this task.

**Step 10** Prepare appropriate documentation for NAF purchase based on estimated purchase price.

| IF:                   | AND:  | THEN:   |  |  |  |
|-----------------------|---|---|--|--|--|
|                       |   | Follow local procedures for purchase card purchases. (Depending on local policy, a Purchase Request may be required, also.) |  |  |  |
|                       | Purchase by a NAF<br>purchase card is<br>authorized   | Ensure the purchase is within the single-item and monthly aggregate limits.   |  |  |  |
| ¢40,000 - "           |   | 3. Place order or make purchase.  |  |  |  |
| \$10,000 or<br>less   |   | Record purchase/order in PaymentNet.  |  |  |  |
|                       |   | Place order/call to make purchase.  |  |  |  |
|                       | BPA is established  | Record information on BPA log per local policy.   |  |  |  |
|                       | Purchases are only  | Prepare a purchase request.   |  |  |  |
|                       | made by the<br>Purchasing Office  | 2. Forward the purchase request to the  |  |  |  |
| More than<br>\$10,000 | Purchase <b>MUST</b> be made by the procurement office or someone with the appropriate purchasing warrant | Purchasing Agent per local policy.  |  |  |  |

# NOTE:

Blanket Purchase Agreements (BPAs) can be established by the NAF Procurement Office when recurring purchases are required. BPAs can be used when recurring purchases of like items (e.g., produce, office supplies, paper goods, dairy, etc.) are required and it is not reasonable to use the government purchase card. BPAs fall into two categories, *Un-Priced* and *Priced*.

- Use <u>un-priced</u> when recurring purchases are required, but the price varies. (e.g., market driven [meats/produce, etc.,] or too many similar products to list [office supplies, hardware items, etc].)
- Use <u>priced</u> when the requested quantity, item, and a fixed price is known. (Check local policy on amount per call) Before establishing BPAs with a single source supplier, you must obtain bids as outlined above.

| Step 11 | Retain a copy of all approved purchasing documents in your files for:  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|
|         | Tracking budget expenditures.  |  |  |  |  |  |  |
|         | • A record of supply/equipment purchases.  |  |  |  |  |  |  |
|         | • A tickler to remind you of pending purchases.  |  |  |  |  |  |  |
| Step 12 | Record your purchase request dates in your tickler file system.  |  |  |  |  |  |  |
| Step 13 | Monitor the status of your purchase requests to ensure timely delivery of your requested supplies, resale merchandise, non-personal services, equipment, and/or property.  |  |  |  |  |  |  |
|         | Communicate issues through your purchasing POC. If you are a BPA caller or are using a government purchase card you may communicate with the vendor/supplier whenever you have short time frames or when delivery times are exceeding expectations or vendor promises. |  |  |  |  |  |  |
| Step 14 | Reconcile your NAF purchase card statements monthly in accordance with the CNIC NAF purchase card and local SOPs.  |  |  |  |  |  |  |
|         | Route the reconciled statement and supporting documentation to your immediate supervisor or as indicated in local policy.  |  |  |  |  |  |  |
|         | ☐ Track your adjusted NAF account balances.  |  |  |  |  |  |  |
|         | STOP   |  |  |  |  |  |  |
|         | Congratulations! You've completed this task.   |  |  |  |  |  |  |

| Direc | tions Complete a Par Stock worksneet (See next page.)  |
|-------|--|
|       | "Inventory Item" (A) as recorded on the inventory sheets.  |
|       | "Purchase Unit" (B) as recorded on the vendor invoices or specification sheets.  |
|       | "Beginning Inventory Amount" (C) for item from previous inventory.   |
|       | "Date" of previous (beginning) inventory (D).  |
|       | "Ending Inventory Amount" (E) from most current monthly inventory.   |
|       | "Date" of current (ending) inventory (F).  |
|       | "Dates of Deliveries Between Inventories" <b>(G)</b> and "Amounts Purchased" <b>(H)</b> from vendor invoices.  |
|       | Total the number of deliveries at (I). (Don't forget emergency purchases.)   |
|       | Total the number of purchases at (J).  |
|       | Calculate average monthly usage by adding the beginning inventory amount <b>(C)</b> plus the total purchases <b>(J)</b> then subtract the ending inventory amount <b>(E)</b> and recording at <b>(K)</b> . |
|       | Calculate average usage between deliveries by dividing the average monthly usage <b>(K)</b> by the total number of deliveries <b>(I)</b> and recording at <b>(L)</b> .                                     |
|       | Calculate the <b>minimum</b> par stock level by rounding the average usage between deliveries <b>(L)</b> up to next full unit and recording at <b>(M)</b> .  |
|       | Calculate the <b>maximum</b> par stock level by multiplying the average usage between deliveries ( <b>L</b> ) by 1.5, rounding up to the next full unit, and recording at ( <b>N</b> ).                    |

| Par Stock Worksheet  |   |
|--|---|
| Inventory Item: Orange (A) Purch Juice   | ase Unit:24 x 6 oz (B)<br>case  |
| Beginning Inventory Amount: (C) 2 c  | ases  |
| Date: <b>(D)</b> 6/30/XX   |   |
| Ending Inventory Amount: (E) 3 case  | s   |
| Date: <b>(F)</b> 7/31/XX   |   |
| Dates of Deliveries Between Inventories: (G)   | Amounts Purchased: (H)  |
| Date: 7/12/XX Date: 7/6/XX Date: 7/13/XX Date: 7/20/XX Date: 7/27/XX Date: Dat | No.       3 cases         No.       3 cases         No.       5 cases         No.       2 cases         No:          No:          No:          No:          No: |
| Total Number of deliveries*:(I) 5  | Total Purchases: (J) <sub>1</sub> 1  7  1  7  |
| Average Monthly Usage: (C)+ (J   | ) (E) = (K)   |
| Average Usage Between Deliveries: (K   | $(I)$ $\div$ $(I)$ $=$ $(L)$ $3.2$  |
| Minimum Par Stock Level: 3.2 (L), round  | ed up to next full unit4 (M)  |
| Maximum Par Stock Level: 1.5 X (L)3-2 unit _5 cases (N)  | 2 4.8 , rounded up to next full   |
| (*) Remember to include emergency purch  | ases.   |

| Par Stock Worksheet   |                                |  |  |  |  |
|---|--------------------------------|--|--|--|--|
| Inventory Item:   | Purchase Unit:                 |  |  |  |  |
| Beginning Inventory Amount:                                       |                                |  |  |  |  |
| Date:   |                                |  |  |  |  |
| Ending Inventory Amount:  |                                |  |  |  |  |
| Date:   | <del>,</del>                   |  |  |  |  |
| Dates of Deliveries Between Inventories:                          | Amounts Purchased:             |  |  |  |  |
| Date: | No.                            |  |  |  |  |
| Total Number of deliveries*:                                      | Total Purchases:               |  |  |  |  |
| Average Monthly Usage: +  | Average Monthly Usage: + =     |  |  |  |  |
| Average Usage Between Deliveries: ÷ =                             |                                |  |  |  |  |
| Minimum Par Stock Level: rounded up to next full unit =           |                                |  |  |  |  |
| Maximum Par Stock Level: x 1.5,                                   | rounded up to next full unit = |  |  |  |  |
| (*) Remember to include emergency purchases.                      |                                |  |  |  |  |

|            |                      |  |                  |   | NON-APPROF                 | PRIATED FUND PURCHASE REQUEST   |            |          |                                |                |
|------------|----------------------|--|------------------|---|----------------------------|---|------------|----------|--------------------------------|----------------|
| NORTH'     | WEST                 |  |                  |   |                            |   |            |          |                                | SUBMIT         |
|            |                      | NAVY REC   | GION NORT        | HWEST                                     |                            | DATE PREPARED:  |            | REQUI    | RED DELIVERY DATE              | :              |
|            |                      | Phone: (3  | 360) 396-48      | 30 Fax: (360) 396-5881                    |                            | REQUEST VIA: CONTRACTING OFF  | ICE        |          | CURRENCY:                      | US Dollar \$   |
|            |                      |  | 4.cnrnw@n        |   |                            |   |            |          |                                |                |
|            |                      |  |                  |   |                            |   |            |          |                                |                |
|            |                      | sugg   | ESTED SOUR       | CES                                       |                            | REQUESTOR   | COMPA      | NY CODE: |                                |                |
|            | VENDOR 1             |  |                  |   | NAME                       | :   | REQUESTIN  | IG CODE: |                                |                |
|            | ADDRESS:             |  |                  |   | E-MAIL                     | :   | INTERNA    | L ORDER: |                                |                |
|            | LINE 2:              |  |                  |   | PHONE                      | :   | PRO        | JECT No: |                                |                |
| CITY,      | ST ZIP CODE:         |  |                  |   |                            |   |            |          |                                |                |
|            | POC:                 |  |                  |   |                            | INVOICE ADDRESS   |            | D        | ELIVERY ADDRESS                |                |
|            | E-MAIL:              |  |                  |   | ADDRESS                    |   | Į.         | ADDRESS: |                                |                |
|            | PHONE:               |  |                  |   | LINE 2                     | :   |            | LINE 2:  |                                |                |
| SAP        | VENDOR No:           |  |                  |   | CITY, ST ZIP CODE          | :   | CITY, ST Z | IP CODE: |                                |                |
| 1          | IAF/Other No:        |  |                  |   | POC                        |   | •          | POC:     |                                |                |
|            | VENDOR 2:            |  |                  |   | PHONE                      |   |            | PHONE:   |                                |                |
|            | VENDOR 3:            |  |                  | -   | E-MAIL                     |   |            | E-MAIL:  |                                |                |
|            |                      |  | rs 2 & 3 informa | tion separately as an attachement         |                            |   |            |          |                                |                |
|            |                      |  |                  |   |                            |   |            |          |                                |                |
| ITEM       | SITE                 | COST CTR   | G/L ACCT         |   | ITEM I                     | DESCRIPTION   | QTY        | UNIT     | UNIT PRICE                     | EXTENDED PRICE |
|            |                      |  | -,               |   |                            |   |            |          |                                |                |
|            | 1                    | <del>                                     </del> |                  | †   |                            |   |            |          |                                |                |
|            |                      | <del>                                     </del> | 1                | †   |                            |   |            |          |                                |                |
|            | 1                    | <del>                                     </del> |                  | †   |                            |   |            |          |                                |                |
|            |                      | <del>                                     </del> |                  | +   |                            |   |            |          |                                |                |
|            |                      | <del> </del>                                     |                  | †   |                            |   |            |          |                                |                |
|            | -                    | <del> </del>                                     |                  | -   |                            |   |            |          |                                |                |
|            |                      | <del>                                     </del> |                  | +   |                            |   |            |          |                                |                |
|            |                      | <del> </del>                                     |                  | †   |                            |   |            |          |                                |                |
|            | -                    | <del> </del>                                     |                  | -   |                            |   |            |          |                                |                |
|            | -                    | <del> </del>                                     |                  | -   |                            |   |            |          |                                |                |
|            |                      | <del> </del>                                     |                  | †   |                            |   |            |          |                                |                |
| <b>—</b>   | +                    | +  | 1                | †   |                            |   |            | +        |                                |                |
|            |                      | <del>                                     </del> |                  | †   |                            |   |            |          |                                |                |
| <b>—</b>   | +                    | <del>                                     </del> | +                | †   |                            |   |            | $\vdash$ |                                |                |
|            | +                    | <del>                                     </del> | 1                | †   |                            |   |            | $\vdash$ |                                |                |
|            |                      | <del>                                     </del> |                  | +   |                            |   |            |          |                                |                |
| Finan      | ncial Analyst (if re | quired locally)                                  | 1                | I .                                       | The contr                  | racting officer or cardholder is authorized to exceed this IGE Amount t | y: 0%      | IGE A    | MOUNT: (incl pages 2 & 3       | n              |
|            |                      | OVING OFFI                                       | CIAI ·           |   | THE BUILT                  | JUSTIFICATION FOR   | y. 070     | I IOE A  | Will Date 1. (mer pages 2 to 2 | "              |
|            |                      |  |                  |   |                            | PURCHASE:   |            |          |                                |                |
|            | SIG                  | NATURE & D                                       | ATE:             |   |                            | IGE BASED ON:   |            |          |                                |                |
| 1 cor      | rtify that all norse | sarv annrovals h                                 | nave been obtain | ined and that funds are available and com | nmitted for this ourchase. | 102 5, 525 011  |            |          |                                |                |
| -          |                      |  |                  | 2 2 Januar ar 2 avanable und con          |                            | ATTACHED ITEM   |            |          |                                |                |
|            | SECOND APPROVAL:     |  |                  |   |                            | ther  |            |          |                                |                |
|            | SIGNATURE & DATE:    |  |                  |   |                            | raiei   |            |          |                                |                |
| March 2019 |                      |  | Second app       | proval, if required locally               |                            |   |            |          |                                |                |

#### NON-APPROPRIATED FUND PURCHASE REQUEST

| NAVY REGION NORTHWEST                     |      |          |  |        | DATE PREPARED: REQUIRED DELIVERY DATE: |                                 |           |          |                  |                |
|---|------|----------|--|--------|--|---------------------------------|-----------|----------|------------------|----------------|
| Phone: (360) 396-4830 Fax: (360) 396-5881 |      |          |  |        |  | REQUEST VIA: CONTRACTING OFFICE |           | -        |                  |                |
| naf.pr.n94.cnrnw@navy.mil                 |      |          |  |        |  |                                 |           |          |                  |                |
|   |      |          |  |        |  |                                 |           |          |                  |                |
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|   | VE   | NDOR 3:  |  |        | PHONE:                                 |                                 | INTERNAL  | ORDER:   |                  |                |
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| ITEM                                      | SITE | COST CTR | G/L ACCT   |        | ITEM DESCRIPTION                       |                                 | QTY       | UNIT     | UNIT PRICE       | EXTENDED PRICE |
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| March 2019                                |      |          |  | l      |  |                                 | 1         | - BA     | GE 2 IGE AMOUNT: |                |

#### NON-APPROPRIATED FUND PURCHASE REQUEST

| NAVY REGION NORTHWEST                     |              |          |            |        | DATE PREPARED: REQUIRED DELIVERY DATE: |     |                  |         |                  |                |
|---|--------------|----------|------------|--------|--|-----|------------------|---------|------------------|----------------|
| Phone: (360) 396-4830 Fax: (360) 396-5881 |              |          |            |        | REQUEST VIA: CONTRACTING OFFICE        |     |                  |         |                  |                |
| naf.pr.n94.cnrnw@navy.mil                 |              |          |            |        |  |     |                  |         |                  |                |
|   |              |          |            | ·      |  |     |                  |         |                  |                |
|   |              | SL       | GGESTED SC | DURCES | REQUES                                 | TOR |                  |         |                  |                |
|   | VE           | NDOR 1:  |            |        | NAME:                                  |     | COMPAN           | Y CODE: |                  |                |
| VENDOR 2:                                 |              |          |            |        | E-MAIL:                                |     | REQUESTING CODE: |         |                  |                |
|   | VE           | NDOR 3:  |            |        | PHONE:                                 |     | INTERNAL         | ORDER:  |                  |                |
|   |              |          |            |        |  |     | PROJECT No:      |         |                  |                |
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| ITEM                                      | SITE         | COST CTR | G/L ACCT   |        | ITEM DESCRIPTION                       |     | QTY              | UNIT    | UNIT PRICE       | EXTENDED PRICE |
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| March 2019                                | -            | •        | •          |        |  |     | •                | D/      | GE 3 IGE AMOUNT: |                |

# INSTRUCTIONS FOR COMPLETING NONAPPROPRIATED FUND PURCHASE REQUEST

- 1. Suggested Sources. Insert the preferred vendor name, address and POC email & Phone as Vendor 1. If known enter the SAP vendor number and GSA or NAF contract number. Insert names of other vendors that provide the supply or service as Vendor 2 & 3. Provide Vendor 2 & 3 address and POC email and phone number as an attachment
- 2. Requestor. Insert requestor's name, e-mail and phone number.
- Invoice Address. Insert Business Office POC, phone number, and the complete invoice address, including
  office and zip codes where applicable. The invoice address is the office responsible for certifying the invoice
  correct for payment.
- 4. Company Code. Insert appropriate code.
- 5. Requesting Code. Insert Code, if applicable.
- 6. Internal Order. Insert valid SAP internal order number, if applicable.
- 7. Project No. Insert Project number, if applicable.
- 8. Delivery Address. Insert the complete delivery address, POC, phone number and e-mail.
  - Where applicable include loading dock hours, etc. within the Item Description area.
  - If inside delivery is desired, add a statement to that effect within the Item Description area.
  - For overseas deliveries include the Unit Identification Code (UIC) and Port of Debarkation (POD) code, and in-the-clear geographical address for the overseas destination (no FPO address).
- 9. Specification of Supplies. Insert the following for each item/service
  - Item. Insert a 4 digit sequential item number (0001, 0002, etc.). If from an existing contract enter the CLIN
  - Site. Insert site number for item requested, where applicable
  - Cost Center & G/L Acct. Insert appropriate cost center and G/L account number for each item.
  - Item Description. Insert complete description of item, include vendor part number, stock number etc..if necessary use next description line.
  - Qty, Unit of Issue, Unit Price & Extended Price. Insert required Quantity, Unit of Issue, and Unit Price. Extended Price is automatically calculated.

## FFR SUPPORT SERVICES (N94) JOB AID

- 10. Justification for Purchase. Insert the reason the supply or service is required.
- 11. IGE Based on. Enter how the requestor has determined the cost estimate (catalog, web pricing, etc.).
- 12..Attached Item. Insert a check mark for each attachment included with the purchase request.
  - Sole Source Justification (SSJ)
  - Brand Name Justification and Approval (BNJ)
  - Performance Work Statement (PWS)
  - Information Technology Purchase Request (ITPR)
  - · Other. Insert description of other attachments included
- 13. Financial Analyst. Digital signature of analyst that has verified correct cost centers and G/L accounts have entered. Digital signature locks all cost center and G/L acct fields
- 14 Approving Official. Digital signature of the person authorized/designated to approve and verify the availability of funds
- 15. Second Approval. If required locally, the digital signature of the lowest person authorized/designated to approve a NPR. Local procedures will include title and thresholds for each level.

Reset Form

# **JUSTIFICATION FOR USE OF SOLE SOURCE CONTRACTING**

| Го:     | NAF Contracting Office   | Date:  |  |  |  |  |
|---------|--|--|--|--|--|--|
| From:   |  | Requiring Activity:  |  |  |  |  |
| pı      |  | ase Request is only available from a single source and competition is o substitutes available for this item/service. The requirement is er and/or manufacturer's dealer or representative: |  |  |  |  |
| Manuf   | acturer Information:   | Dealer/Rep Information:  |  |  |  |  |
| Name:   |  | Name:  |  |  |  |  |
| Addres  | s:   | Address:   |  |  |  |  |
| City, S | tate, Zip:   | City, State, Zip:  |  |  |  |  |
| POC:    |  | POC:   |  |  |  |  |
| Phone   | #:   | Phone #:   |  |  |  |  |
| E-mail  | :  | E-mail:  |  |  |  |  |
| 3.      | . Description of the item or service required:   |  |  |  |  |  |
| 4.      | . Specific characteristics of the item or service that function of the item, etc.):                  | t limit the availability to a sole source (e.g. unique features,   |  |  |  |  |
|         | . Describe in detail why only this suggested source.g., summarize the results of any supporting mark | e can furnish the requirement to the exclusion of other sources ket research, as appropriate):   |  |  |  |  |
| CN      | NIC NAF SSJ March 2012   | Page 1 of 2  |  |  |  |  |

# JUSTIFICATION FOR USE OF SOLE SOURCE CONTRACTING

| <b>6.</b> Is the item/service compatible in all aspects (form, fit and function) v  | vith existing systems presently installed? |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| If yes, describe the equipment you have now and how the new item/service must coordinate, connect, or interface with the existing equipment.  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| 7. Does a patent, copyright, or proprietary data limit  Yes   |  |  |  |  |  |  |  |
| competition? If yes, list the proprietary data:   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| <b>8.</b> If the items are "direct replacements" parts/components for existing equipment identify and briefly describe the existing equipment:  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| REQUESTOR   |  |  |  |  |  |  |  |
| I CERTIFY THAT THE STATEMENTS AND INFORMATION PROVIDED ABOVE ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE PROCESSING OF THIS SOLE SOURCE JUSTIFICATION PRECLUDES THE USE OF FULL AND OPEN COMPETITION. |  |  |  |  |  |  |  |
| Signature:  | Activity:                                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Title:  | Date:                                      |  |  |  |  |  |  |
| APPROVAL  |  |  |  |  |  |  |  |
| Contracting Officer's Signature:  |  |  |  |  |  |  |  |
| Contracting Officer's Signature.  | Date:                                      |  |  |  |  |  |  |
| Contracting Office's Signature:  Contracting Office's Printed Name:   | Date:                                      |  |  |  |  |  |  |
|   | Date:                                      |  |  |  |  |  |  |
|   | Date:                                      |  |  |  |  |  |  |
|   | Date:                                      |  |  |  |  |  |  |

| ORDER FOR<br>(Contractor  | -0187<br>-1997  | PAGE<br>1                             |  |                          |  |  |  |  |
|---|---|---------------------------------------|--|--------------------------|--|--|--|--|
| Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.  PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.  SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6. |   |                                       |  |                          |  |  |  |  |
| 1. CONTRACT/PURCH ORDER NO. 2   | 2. DELIVERY ORDER NO.   | 3. DATE OF ORDER (YYMMMDD)            | 4. REQUISITION/PURCH REQUE                               | ST NO.                   | 5. PRIORITY  |  |  |  |
| 6. ISSUED BY  | CODE  | 7. ADMINISTERED BY (If oth            | er than 6) CODE  |                          |  |  |  |  |
|   |   |                                       |  |                          | 8. DELIVERY FOB  DEST  OTHER  (See schedule if other)      |  |  |  |
| 9. CONTRACTOR   | FACILITY CODE   | 1). DELIVER TO FOB POINT BY (YYMMMDD) | (Date)   | 11. MARK IF BUSINESS IS  |  |  |  |  |
| NAME AND<br>ADDRESS   |   |                                       | 12. DISCOUNT TERMS                                       |                          | SMALL DISADVANTAGED WOMAN-OWNED                            |  |  |  |
|   |   |                                       | 13. MAIL INVOICES TO                                     |                          |  |  |  |  |
| 14. SHIP TO   | CODE  | 15. PAYMENT WILL BE MADE              | E BY CODE  |                          |  |  |  |  |
|   |   |                                       | _  |                          | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER |  |  |  |
| 16. DELIVERY This delivery order is is:   | 16. DELIVERY This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. |                                       |  |                          |  |  |  |  |
| TYPE Reference your  OF PURCHASE ACCEPTANCE THE C   |   |                                       |  | e following on terms     | •  |  |  |  |
| ACOLI TANOL. TILL   |   |                                       | THE NUMBERED PURCHASE ORD<br>ND AGREES TO PERFORM THE SA |                          | EVIOUSLY HAVE BEEN OR                                      |  |  |  |
| NAME OF CONTRACTOR  If this box is marked, supplier must sign A   | SIGNATURE cceptance and return the following r  | number of copies:                     | TYPED NAME AND TITLE                                     |                          | DATE SIGNED  |  |  |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOC   | AL USE  |                                       |  |                          |  |  |  |  |
| 18. ITEM NO SCHE  | DULE OF SUPPLIES/SERVICES   |                                       | 20. QUANTITY 21. 22. ORDERED/ ACCEPTED*                  | UNIT PRICE               | 23.<br>AMOUNT  |  |  |  |
|   |   |                                       |  |                          |  |  |  |  |
| * If quantity accepted by the Government is same as<br>quantity ordered, indicate by X. If different, enter<br>actual quantity accepted below quantity ordered  | 24. UNITED STATES OF AME  |                                       |  | 25. TOTAL<br>29. DIFFER- |  |  |  |  |
| and encircle.  26. QUANTITY IN COLUMN 20 HAS BEEN   | BY:   | 27. SHIP. NO.                         | NTRACTING/ORDERING OFFICER 28. D.O. VOUCHER NO.          | ENCES<br>30.             |  |  |  |  |
| INSPECTED RECEIVED ACC  | CEPTED, AND CONFORMS TO THE<br>NTRACT EXCEPT AS NOTED   |                                       | INITIAL  |                          |  |  |  |  |
|   |   | PARTIAL                               | 32. PAID BY  | 33. AMOUNT VE            | ERIFIED CORRECT FOR  |  |  |  |
| DATE SIGNATURE OF AUTHORIZES 36. I certify this account is correct and proper for payme   | D GOVERNMENT REPRESENTAT<br>int   | 31. PAYMENT COMPLETE                  |  | 34. CHECK NUM            | MBER   |  |  |  |
|   |   | PARTIAL                               |  | 35. BILL OF LAD          | DING NO.   |  |  |  |
| DATE SIGNATURE AND TITI  37. RECEIVED AT 38. RECEIVED BY (Print)  | LE OF CERTIFYING OFFICER  39. DATE RECEIN (YYMMMDD)   | FINAL<br>VED 40. TOTAL CONTAINERS     | 41. S/R ACCOUNT NUMBER                                   | 42. S/R VOUCH            | ER NO.   |  |  |  |
| DD FORM 1155, JUN 94  | l .   | Previous editions may be use          | d d  | 1                        | (RPSV3)  |  |  |  |

#### BRAND NAME JUSTIFICATION AND APPROVAL

## Purchase Request Number

## Requiring Office Name

- 1. Organization/Line Office
- 2. **Description of Action being approved:** Describe the type of action being issued, i.e. new contract, purchase order, contract modification, etc.
- 3. Description of Product, Supplies or Services required to meet the NAFIs needs

List items being procured

#### 4. Authority for the Action:

The Authority for this action is CNICINST 7043.1 (210) The particular brand name, product, or feature is essential to the NAFI's requirements, and market research indicates other companies' similar products, or products lacking the particular feature, do not meet, or cannot be modified to meet, the NAFI's needs.

#### 5. Identification of the Justification Rationale:

In addition to a technical overview, explain why this particular brand will only meet the needs of the NAFI. The explanation should include a discussion of where this requirement fits into the overall NAFI operation, i.e., briefly state how this requirement was purchased in the past; if future requirements are planned; if they will be competitively acquired and if not, what action will be needed to avoid a follow-on noncompetitive procurement.

#### 6. Best Value Determination:

The purchase order that will be issued under this brand name only justification will represent the best value to the NAFI as the agreed to prices will be based upon competitive quotes received from authorized retailers of the brand in a competitive environment. Therefore the price paid will represent the best value and result in the lowest overall cost alternative to meet the needs of NAFI.

## 7. Market Research conducted

Provide a summary of your efforts in assessing what products or services are currently available, e.g., company website, phone calls, company catalogues, etc.

#### 8. Statement of actions, if any to remove barriers to competition in the future.

How will you ensure that this requirement will be open to other potential sources in the future?

| 9. Any other facts supporting justification:   |              |      |  |  |  |  |
|--|--------------|------|--|--|--|--|
| As the technical or requirement personnel, I certify that the evidence of the supporting data that forms the basis of this justification is complete and accurate. |              |      |  |  |  |  |
| Requester  | Printed Name | Date |  |  |  |  |
| I have reviewed the above Brand Name Justification and have determined the request is in the best interest of the NAFI, in accordance with CNICINST 7043.1 (210).  |              |      |  |  |  |  |
| Contracting Officer  |              | Date |  |  |  |  |