|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State of Nebraska **CONTRACT NON-COMPLIANCE NOTICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **PLEASE BE ADVISED:**  This document is a public record available for review by all state agencies. This notice may be considered during evaluations in future bid opportunities. The State of Nebraska reserves the right to pursue all available remedies including suspension or debarment under SPB Policy *23-08: Suspension and Debarment.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** SUBMITTER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME & TITLE: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENCY: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-MAIL: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Click here to select date | | | | | | |
| Submitter’s Signature  (Type/Sign your name here) | | | | | | | | | | | | | | | | | | | | | Title | | | | | | | | | | | Today’s Date | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **2.** | | Have you sent a Contract Compliance Request to the vendor for resolution of this issue? | | | | | | | | | | | | | | | | |  | | | | **3.** SEVERITY SCORE: | | | | | | | | | |  | |  | | |
| Select Score | | | |  |
|  | |  | | |
|  | | | | | | |  | | NO | |  | | | YES | | | | |  | | | | Use the chart below to find the severity score of this issue, and record the score above. The severity score is the number that best matches the levels of Impact and Urgency of this issue. | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | |  | | | | | |
|  | **if “**NO**”** | | | Before submitting a Contract Non-Compliance Notice, please contact your vendor directly using the **Contract Compliance Request**. Agencies are often able to work with their vendor to find a mutually beneficial solution.   **For matters of public safety continue to section 3.** | | | | | | | | | | | | | |  | | | | |  | | | | IMPACT | | | | | | | | |  | |
|  | | | | | *High* | | | *Medium* | | | | *Low* | |
|  | | | | |  | URGENCY | | *High* | ***5*** | | | ***4*** | | | | ***3*** | |
|  |  | | | | | *Medium* | ***4*** | | | ***3*** | | | | ***2*** | |
|  |
|  |  | | |  | | | | | | | | | | | | |  | | | | | |
|  | **if  “**YES**”** | | | In the Summary of Events field *(next page)*, please describe your attempt(s) to resolve, including dates, and the vendor’s response. | | | | | | | | | | | | | |  | | | | | *Low* | ***3*** | | | ***2*** | | | | ***1*** | |
|  |  | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | |
| **4.** VENDOR INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPANY NAME: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACT NAME/TITLE: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| VENDOR AB#: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |
| **5.** PURCHASE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTRACT/PURCHASE ORDER #(S): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| DATE(S) OF OCCURRENCE: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF COMMODITY/SERVICE: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **6.** **REQUESTED IMPROVEMENT AREA(S)** Check all that apply | | | | | | | |
| **DELIVERY** | | | | **QUALITY** | | **MISCELLANEOUS** | |
|  | Late delivery | | |  | Inferior quality/Service deficiencies |  | Unauthorized change in quantity |
|  | Non-delivery | | |  | Unauthorized substitution |  | Invoice inaccuracies |
|  | Delivery to incorrect address | | |  | Damaged or defective |  | Failure to respond |
|  | Partial delivery - cannot deliver balance of order | | |  | Unsatisfactory workmanship in installation |  | Request to cancel order due to Quote/Bid error |
|  | Failure to replace damaged goods | | |  | Failure to meet specifications set forth in Quote/Bid |  | Unauthorized price change(s) |
|  | Other: |  | | | | | |
|  |  | | | | | | |
| **7.** **CONTRACT REFERENCE**  For each selection of non-compliance made in the *Requested Improvement Area* above (step 6), please provide the contract section(s) and page number(s) of the applicable Specifications and/or Terms & Conditions, and a description of how the contractor’s performance has been non-compliant. | | | | | | | |
| **CONTRACT SECTION & PAGE #** | | | **DESCRIPTION OF NON-COMPLIANCE** | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |

|  |  |
| --- | --- |
| **8.** **SUMMARY OF EVENTS** | |
| *Please provide a brief, factual explanation of the performance issue(s) experienced, including dates, in the space below. A separate sheet may be added if additional space is needed.* | |
| **Please note:** A copy of this form may be provided to the vendor. | |
|  | |
|  | |
| **9.** **WHAT IS YOUR AGENCY’S DESIRED OUTCOME?** | |
|  | |
|  |  |
| **10.** **ATTACH DOCUMENTATION, OBTAIN AGENCY APPROVAL, AND SEND** | |
| After this document has been approved at your agency levels, send completed form **AND** referenced supporting documentation to: [AS.MATERIELPURCHASING@nebraska.gov](mailto:AS.MATERIELPURCHASING@nebraska.gov)  **PLEASE REDACT ANY SENSITIVE INFORMATION THAT SHOULD NOT BE MADE PUBLICLY AVAILABLE.**  Examples of supporting documentation may include: contracts, purchase orders, invoices,  specifications, correspondence, test results, packing slips, delivery tickets, etc. | |