

BID WAIVER JUSTIFICATION FORM

Complete this form for <u>any</u> requisitions or contracts for purchases where competitive bids valued \$30,000 or more will not be obtained by the Purchasing Department. Please complete and email to **Fran Cameron** prior to any commitment (verbal or written). Approved forms must be attached to the requisition or contract.

PURCHASE	DESCRIPTION:				
VENDOR NA	ME:				
TYPE: (Good	, Service or Software):		_	
TOTAL CON	IMITMENT COST:				
Grant Funde	l: <u>Y/N</u>				
One Time or	On-Going Expense: _				
f on-going, p	rovide timeline				
_	ils. Additional docum	-	ttached if need	ed.	
Provide unit of	overnment and description of	purchase.			
2. Emei	gencies – involving th	health and safety	y of the people	or their property.	
Provide brief des	cription of emergency.				

Γ	purchases at discount prices to public agencies. Please provide the cooperative and the contract number.
	rease provide the cooperative and the contract number.
	4. Sole – Source – Provide requested justification below. NOTE: Board of Commissioners (BOC) approval REQUIRED.
	vendor is the only authorized distributor / provider for the area*
	item is a special equipment that is manufactured only by this vendor*
	vendor is the only service provider for existing equipment or software*
	vendor is the only authorized proprietary service provider for performing OEM standard services for existing equipment or software*
	standardization or compatibility is the overriding consideration.
	*NOTE: Provide a letter from the manufacturer indicating as such.
	5. NC State Contract – Contracts awarded by NC State Department of Purchase and Contracts and/or NC Department of Information Technology (NCDIT)
	Please provide NC State Contract number.
	6. GSA Contract Purchases – Contracts awarded by a federal agency of the United States.
	Please provide Federal contract number.

7. Used Goods – Purchase o	f used goods from a pu	ublic or private entity
Please provide a detailed supplier quotation	on with used goods and pric	ing.
8. Piggybacking – Provide <i>NOTE: Board of Commissioners</i>	(BOC) approval REQ	QUIRED.
Please provide: Government Agency that	holds the contract, Contract	t description, date of award.
	Manager or CFO may	equired to maintain them are proprietary or uniquely y waive the RFP requirement for services. All services
Please provide the details of the proprieta	ry or specialized services be	ing requested.
I certify that the above statements are	true and correct, and the	nat no other material fact or consideration offered or given has
influenced this recommendation.		
Requestor's Signature	Date	Department
Purchasing Department Use On	ıly:	
Purchasing Manager Signature	Date	Approve or Deny
Purchasing Comments:		