



**GUILFORD COUNTY
BID JUSTIFICATION WAIVER FORM**

This form is designed to assist staff in providing information necessary in the processing of requisitions or contracts for purchases where competitive bids valued \$30,000 or more will not be obtained by the Guilford County Purchasing Department. Please complete and forward to the Purchasing Department at DG_Purchasing@guilfordcountync.gov prior to any commitment (verbal or written). If approved, the form must be attached to the requisition or contract.

VENDOR NAME: _____ **TOTAL COMMITMENT COST:** _____

PURCHASE DESCRIPTION: _____

Check one applicable box (either A, B, or C)

A. The vendor qualifies as a sole source provider:

NOTE: Sole source purchases must be approved by the Board of Commissioners (BOC).

- _____ 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
- _____ standardization or compatibility is the overriding consideration
- _____ vendor is the only provider for this brand of equipment, software or service of this product, where such brand and/or expertise relates to existing County equipment or software

B. The request is for the purchase of used goods, a purchase from another government unit, a state contract purchase, a GSA contract purchase, a piggyback contract purchase, or the vendor selected is through a cooperative group purchasing program. NOTE: Piggyback contract purchases must be approved by the BOC.

C. Even though the item or service may be provided by more than one source, the following justification is provided. If more space is needed to answer the questions, please attach additional page(s).

- 1) Is this a special emergency involving the need to prevent immediate harm for the health and safety of people or property? If yes, please explain otherwise indicate N/A (not applicable):

- 2) Why is this purchase unique/highly specialized and should only be purchased from this provider?

- 3) What market research has been conducted to substantiate no competition? (Provide a narrative of your efforts to identify other similar or appropriate goods/services and how you concluded that such alternatives are either inappropriate or unavailable.

- 4) What are the consequences for not having this purchase request approved and not going out for bid?

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation.

Requestor's Print Name

Date

Department

Purchasing Department Use Only:

Purchasing Director/Designee Signature

Date

Approve or Deny

Additional Comments: