



## Purchasing Services Department

### **REQUEST FOR WAIVER OF COMPETITIVE PROCUREMENT**

**GOODS/SERVICES PROCUREMENT:** All purchases for goods and/or services (not including public improvement projects) over \$49,999 must be procured by a formal competitive solicitation through the Purchasing Services Department (*see University Policy 3344-65-15*), except for one of the following reasons set for the below.

**PUBLIC IMPROVEMENTS/CONSTRUCTION/ARCHITECTURE/ENGINEERING SERVICES:** Formal procurement thresholds for public improvement, construction, architecture, and/or engineering services are subject to the formal solicitation thresholds set by the State of Ohio (*see University Policy 3344-65-25*). Formal procurement for these services that exceed the current state formal procurement thresholds may only be waived for one of the following reasons set forth below.

- 1. SOLE SOURCE PURCHASE under Policy 3344-65-23:** A sole source purchase is an order for a product or service that can only be purchased from one supplier because the product or service is proprietary and/or unique. Goods or Services are considered sole source purchases only under the rarest of circumstances. All sole source competitive bidding waiver requests shall be reviewed by the Office of General Counsel. **Complete PART A of this form for a SOLE SOURCE competitive bidding waiver.**
- 2. EMERGENCY PROCUREMENT under Policy 3344-65-24:** An emergency procurement is authorized when the goods or services to be purchased are required to correct or prevent an emergency health, environmental, or safety hazard and/or enable the emergency repair or replacement of existing equipment essential for daily operations. **Complete PART B of this form for an EMERGENCY PROCUREMENT competitive bidding waiver.**



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### **Part A: Sole Source Competitive Procurement Waiver Request:**

1. Provide an explanation stating the reasons a sole source purchase is justified. This justification must clearly indicate why the proposed vendor is the ONLY vendor that can meet your requirements.

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Provide the sole source vendor name, address, telephone number.

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2. List of all vendors who have been contacted in an effort to find a compatible item or service. Provide company name, address, and comparable product/service the company provides.

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3. I am the individual who has gathered and provided the detailed information provided above. I certify to the best of my knowledge that I have investigated and found that the above reasons and explanations justify a waiver of formal competitive selection in this instance.

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Requested By: \_\_\_\_\_

Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Purchasing Services Department

Department Chartfield: \_\_\_\_\_

Req #/Date: \_\_\_\_\_

Waiver Amount: \$ \_\_\_\_\_

### Part A Cont.

4. Acknowledged by (both signature lines must be completed and submitted with this form):

Supervisor: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Date

Vice President/Dean/Provost: \_\_\_\_\_  
Signature Date

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**For Purchasing Department Use Only:**

Date Received: \_\_\_\_\_

Comments:

**Purchasing Department Review:**

Recommended     Not Recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

**Controller:**

Approved     Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Review by Office of General Counsel:**

Recommended     Not Recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Part B. Emergency Competitive Procurement Waiver Request**

1. Check all that apply and explain what the emergency is, what caused the emergency, and the circumstances leading to the emergency.

- Immediate threat to health
- Immediate threat to environment
- Immediate safety hazard
- Emergency repair or replacement of existing equipment essential for daily operations



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2. Provide a description of the emergency goods or services to be purchased.

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3. State the reason(s) why the purchase is necessary and why it was not or could not have been anticipated so that the purchase could have been acquired through the University's usual procurement process.

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4. State the reason and process used for selecting the vendor. If multiple vendors were contacted, provide the vendor name and contact information and any information to show due diligence in adhering to the University's usual procedures.

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5. Provide the name, address, telephone, and email of the selected vendor:

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6. State the cost of the emergency purchase and attach the vendor's quote:

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7. I am the individual who has gathered and provided this detailed information provided above. I certify to the best of my knowledge that I have investigated and found that the above reasons and explanations justify a waiver of formal competitive selection in this instance.

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Requester name and signature: \_\_\_\_\_

1. Acknowledged by (all signature lines must be completed and submitted with this form):

Supervisor name and signature: \_\_\_\_\_

Controller: \_\_\_\_\_

Based on area affected obtain signatures from:

Director of Facilities Management

Director of Public Safety

Director of Environmental, Health, & Safety

Associate Director of Purchasing Services