

### Purchasing Services Department Waiver of Competitive Bidding Form &

### **Emergency Procurement Authorization Form**

#### Part A. Request for Waiver of Competitive Bidding

Pursuant to Rule 3344-65-23 of the University's Purchasing Policies, approved by the Board of Trustees on September 30, 2016,, under unusual and infrequent circumstances, the Purchasing Services Department is authorized to purchase goods and/or services without a competitive selection process, as a sole source purchase. A sole source purchase is an order for a commodity that can only be purchased from one supplier, usually because of its technology or its proprietary and unique nature. Services are considered sole source purchases only under the rarest of circumstances and are subject to additional scrutiny by the Office of General Counsel.

If an item that exceeds the Bid Threshold is considered for sole source purchase, submit this completed form in MagnusMart. The Bid Threshold for goods and supplies is \$24,999. The Bid Threshold for services is \$49,999. The Bid Thresholds are vendor specific and applied to each department chartfield on a fiscal year basis. Purchases from approved cooperative purchasing agreements and contracts established by the State of Ohio are available to the University and do not require any additional competitive selection process.

Complete and submit this Part A to request a waiver of competitive bidding.			
1. Provide an explanation stating the reasons a sole source purchase is justified.			
2. Provide the sole source vendor name, address, telephone number.			
3. Describe the sole source goods or services.			
4. List of all vendors who have been contacted in an effort to find a compatible item. Provide company name, address, and comparable product/service the company provides.			
î.			
ii.			
iii.			



### **Purchasing Services Department**

# —— Waiver of Competitive Bidding Form & Emergency Procurement Authorization Form

partment Chartfield	Req # / Date:	Waiver Amount: \$
questor		
Date (m	Signature m/dd/yyyy)	Name (printed)
pervisor		
Date (m	Signature m/dd/yyyy)	Name (printed)
ce President/Dean/Provost		
Date (n	Signature um/dd/yyyy)	Name (printed)
For Purchasing Department Us	e Only	
Received from Department Date:	Comments:	
Received from Purchasing Date:	Comments	
Purchasing Department Approver:  ☐ Recommend approval ☐Not Recom	nmend approval	
	Signature	Date (mm/dd/yyyy)
	Name and Title	
Office of Business Affairs and Finance	Approver:	
☐ Approved ☐ Not Approved	Signature	Date (mm/dd/yyyy)
	Name and Title	
For sole source purchases of services:  Recommended Not Recommended	additional scrutiny by Office of General Co	ounsel:
Li Recommended Linot Recommende	Signature	Date (mm/dd/yyyy)

Name and Title



### **Purchasing Services Department**

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### Part B. Request for Emergency Procurement Authorization

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

7. Obtain the below signatures:

Pursuant to Rule 3344-65-24 of the University's Purchasing Policies, 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

goods or services to be purchased are required to correct or prevent an emergency health, environmental of safety hazard and/or enable the emergency repair or replacement of existing equipment essential for daily operations.
Complete and submit this Part B to request authorization for the emergency purchase of goods and/or services.
1. Check all that apply and explain what the emergency is, what caused the emergency, and the circumstances leading to the emergency.  Threat to health  Threat to environment  Safety hazard  Enable emergency repair or replacement of existing equipment essential for daily operations
2. Provide a description of the emergency goods or services to be purchased.
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.
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.
5. Provide the name, address, telephone, and email of the selected vendor:



## **Purchasing Services Department**

Requester name and signature:	
Supervisor name and signature:	
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	

For purchases of goods or services of \$50,000 or more, the approval of the Associate Vice President for Facilities & Operations or designee, or the Controller in the absence of the Associate Vice President or designee is required.