Waiver of Competitive Bidding Form

The undersigned certifies that the commodity/service shown below qualifies for a waiver of bidding by meeting one or more of the following requirements:

SINGLE SOURCE AND EMERGENCY PROCUREMENT:

☐ Single/Sole Source. The product is not available from more than one supplier. Please indicate single source supplier ______________________________. Sole Source requests should include a letter from the supplier certifying they are the only source for the item, when reasonably possible.

☐ Specific Brand Name/Single Source for Instructional Equipment. It can be documented that key employers in the District require potential employees be trained on a specific brand of equipment and it is only available from one supplier. Please indicate Employer(s) ________________________________________

☐ Specific Brand Name/Single Source for Non-Instructional Equipment. It can be documented that the procured items are only available from one supplier and are required to interface with existing District Equipment. This equipment will not function using another brand or by the use will void an existing warranty.

☐ Emergency Procurement. The procurement is necessitated by a threat to the continued operations of the District or to the health, safety or welfare of students, staff or guests.

OTHER:

☐ Cooperative Purchase. The purchase is from another government unit contract, WTCS District contract or approved cooperative purchasing association. Please indicate Contract Title, Number and Expiration Date ________________________.

☐ Inadequate Competition. After Solicitation in a competitive procurement, competition is determined to be inadequate. Please document efforts to identify other vendors to furnish the items or services, and why the other vendors would not qualify to submit a competitive quotation as part of your Justification.

☐ Used Equipment. Purchases of used equipment from a vendor who offers it for immediate sale may be purchased through noncompetitive negotiation. Please provide an estimated cost if purchased new ________________________.

☐ Federal Authorization. The federal grantor agency authorizes noncompetitive negotiation. Please indicate Grant Information ________________________________.

☐ Outside Legal Counsel. A District chose to obtain legal counsel via a letter of engagement.

☐ Resale Items. Items Purchased with the intent of reselling to students, staff, or guests.
Proposed Vendor Information:
Name: 
Address: 
City, State, Zip: 
Telephone: ___________________ Vendor ID #: ___________________

Description of, and Purpose for, the Commodity/Service for which a waiver of bidding is requested:

Justification: (Description of circumstances for sole source or waiver of bidding for this purchase. Please attach additional pages as needed.)

Total Cost of Procurement: ___________________
**Certification:**
The undersigned states that he/she has prepared the above documentation and that the facts and data set forth are complete and accurate to the best of the undersigned’s knowledge and belief.

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<th>Requestor’s Signature</th>
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<td><em>Signature Required for Sole Source &amp; Emergency Procurement Waivers Only</em></td>
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**Attach any Applicable Documentation to support Waiver Request, including:**

- Specifications provided to the Vendors
- Price Quotations or Evidence of a No-Bid from Vendor
- Sole Source Documentation Letter from Supplier
- Documentation from Employers requiring training on a Specific Brand Name of Equipment only available from one Supplier
- Documentation from Supplier that Specific Brand Name is required to Interface with Existing Equipment, or that Equipment will not function or will Void a Warranty

Please note: Inadequate justification or missing documentation for a request for Bid Waiver will result in delays or a need to solicit bids.

When the requesting department has completed this form, a final copy with all required signatures and all corresponding documentation is to be submitted by email to the Purchasing/Procurement Department.