

Date of Request:	
Requested By:	
Description of Service or Commodity – Describe the intended purpose. (Include manufacturer, brand, model, and other identifiers).	
Procurement Type <input type="checkbox"/> Noncompetitive Procurement <input type="checkbox"/> Limited Competitive Procurement <input type="checkbox"/> Contract Amendment Exception	
Total Cost, including all options for renewal or extension (e.g. ten-thousand dollars \$10,000/yr. with two renewal options = thirty-thousand dollars \$30,000)	
<input type="checkbox"/> One-time Purchase <input type="checkbox"/> Recurring Purchase	If recurring, describe anticipated future purchases, including on-going maintenance.

**Non-Competitive Only**

Contractor	Contact Person	Telephone Number	
Address	City	State	Zip Code

**Authority for Limited or Non-Competitive Procurement**

- ☐ The commodity or service is available from only one source.
- ☐ The commodity or service is for experimentation or trial.
- ☐ No acceptable bid or proposal was received pursuant to a competitive bidding or competitive proposal process.
- ☐ The commodity is a component or replacement part for which there is not a commercially available substitute, and which can be obtained only from the manufacturer.
- ☐ The services or the circumstances are of such a nature that deviation from the procurement process is appropriate.
- ☐ Circumstances require that commodities or services be provided by vendors within a specific geographic area, such as equipment requiring local service, or on-site service within a specific time.

**Justification and Supporting Documentation**

Explain why a fully competitive procurement process is impracticable or not in the best interest of the District.

**Disapproval Consequences**

What are the consequence(s), including a dollar estimate of the financial impact, if this request for limited competitive or non-competitive purchase is not approved?

Requests ten-thousand dollars \$10,000.00 and over must be approved.

<b>Approval</b>	
Approving Official Name	Telephone Number
Action  ____ Approved      ____ Disapproved	____ Requested Further Justification  Date:
Comments	
Signature	Date

<b>Information Technology Purchases Only</b>	
Approving Official Name	Telephone Number
Action  ____ Approved      ____ Disapproved	____ Requested Further Justification  Date:
ITD Review Considerations: Is the product or service consistent with the District's strategic IT plan? ____ Yes      ____ No	
ITD Reviewer Comments	
Signature	Date