University of Idaho

Contracts and Purchasing Services

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Bid Waiver Request Form

Competitive bidding is required for purchases over $10,000 unless a waiver is granted by the Director of Contracts and Purchasing Services. Waivers will only be granted in accordance with Section 60.13 of the Administrative Procedures Manual.

Requestor Name: Requisition Number:

Department: Phone Number:

**THE FOLLOWING SECTION MUST BE COMPLETED BY**

**PRINCIPAL INVESTIGATOR (PI) OR END-USER (EU)**

PI/EU Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI/EU Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI/EU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Vendor: Total Purchase Price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Model of Proposed Product:

**Please complete Sections I and II of this form.**

1. Select the circumstance(s) that describe this purchase and warrant elimination of competition. Check all applicable boxes. **Provide the requested supporting information in Section II.**

The requested product is a repair part for existing equipment. *Provide manufacturer and model number of existing equipment.*

The requested product must be compatible with existing equipment.  *Provide manufacturer, model number, and compatibility requirements of existing equipment.*

The requested product has unique design/performance specifications or quality requirements which are essential to work/ research/ teaching needs. *Describe the unique specifications and why they are necessary for your work. Additionally, describe at least two similar products/ alternative vendors that you have researched and the reason you prefer the requested product.*

The requested product is required to ensure continuity in experiments and/or collaborative research. *Describe the research and the reason this product is needed to maintain continuity.*

This vendor is the sole manufacturer **and** sole distributor of this item. *Specifically describe the efforts made to identify other manufacturers and distributors (e.g. internet searches, scholarly journals, etc.) and attach any relevant documentation.*

This is an emergency purchase. *Describe the nature of the emergency.*

1. Justify your selection by providing the information described in Section I. Attach additional documentation if helpful or required.

I certify that the above information is complete and accurate to the best of my knowledge.

PI/EU Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contract & Purchasing Services -- Internal Use Only:**

Bid waiver approved Bid waiver disapproved

Signature: Date:

Director, Contracts and Purchasing Services Last Updated: 07/01/2019