**Request for Exemption based on Policy Directive**

**Division of Purchasing (DOP)**

**E-mail Completed Request Form to:** [purchasing@adm.idaho.gov](mailto:purchasing@adm.idaho.gov)

|  |  |
| --- | --- |
| Agency Purchasing Representative (name): |  |
| E-mail/Phone: |  |
| Name of Agency: |  |
| Request for the Purchase of: |  |
| Requested Supplier (vendor name): |  |
| Policy Directive Number: |  |
| Cost Estimate (attach invoice/quote): |  |

By written policy the Administrator may exempt from the formal sealed procedure or the requirement for competitive acquisition that property for which bidding is impractical, disadvantageous or unreasonable under the circumstances. [(IDAPA 38.05.01.42.09)](https://adminrules.idaho.gov/rules/current/38/380501.pdf)

The above-referenced Policy Directive requires the following additional approvals from the Administrator:

Written approval based on the justification provided below; and/or

A one-time increase in my delegated authority, based on the estimated (or actual) cost

**Background and Justification** *(address the requirements contained in the Policy Directive; attach additional sheets as needed):*

***Agency Certification:*** *The information provided above is true and accurate to the best of my knowledge, and supports my request to utilize the above-referenced Policy Directive.*

*Agency Representative (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**THE AUTHORITY GRANTED BY THIS APPROVAL IS LIMITED TO THE AGENCY’S SPECIFIC REQUEST AS DETAILED ABOVE, IS GRANTED TO THE INDIVIDUAL NAMED ABOVE, AND MAY INCLUDE ADDITIONAL CONDITIONS. THIS IS A ONE-TIME AUTHORIZATION.**

**Approved** Additional conditions apply to this approval

**Rejected** DOP Administrator Signature:

DOP Administrator Printed Name: Date: