**Request for One Time Exemption from Competition**

**from**

**Idaho 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: |  |
| Cost (attach quote): |  |

[*IDAPA 38.05.01.042.10*](https://adminrules.idaho.gov/rules/current/38/380501.pdf)*provides that the administrator may exempt an acquisition from competitive procurement if the administrator determines that bidding is impractical, disadvantageous or unreasonable under the circumstances. Examples include, but are not limited to: special market conditions; property requiring special contracting procedures due to uniqueness; and services for which competitive solicitation procedures are impractical.*

**Background and Justification** (*attach additional sheets as needed*):

***Agency Certification:*** *The information provided above is true and accurate to the best of my knowledge, and supports the need for a direct procurement of the described goods or services, in the best interest of the State:*

*Agency Representative (signature): Date:*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Approved** Additional conditions apply to this approval.

**Rejected**

DOP Administrator Signature:

DOP Administrator Printed Name:

Date: