**Request for Exemption from Utilizing Open Contract**

**from**

**Division of Purchasing (DOP)**

**E-mail Completed Request Form to:** DOP at purchasing@adm.idaho.gov

|  |  |
| --- | --- |
| Agency Purchasing Representative (Name): |  |
| E-mail/Phone:  |  |
| Name of Agency: |  |
| Request for the Purchase of:  |  |
| Name of Supplier for Statewide Open Contract (and SBPO or PADD Contract #): |  |
| Name of Proposed Supplier:  |  |
| Cost Estimate/Quote: |  |

[Idaho Code 67-9216](https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH92/SECT67-9216/) If property is available on an open contract, then all agencies seeking to procure such property must do so from the open contract. Provided however, that the administrator may grant an exemption to a requesting agency if the administrator determines that an exemption would be in the best interest of the state.

[Idaho Code 67-9230](https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH92/SECT67-9230/)“Prohibitions” (5) No officer or employee shall fail to use an open contract except as provided in this chapter.

[Idaho Code 67-9231](https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH92/SECT67-9231/) “Penalties” (3) Any officer or employee found to have violated the provisions of subsection (5) or (6) of section 67-9230, Idaho Code, may, by order of a determinations officer appointed by the director, be suspended without pay for not more than ninety (90) working days, have a reprimand entered in his personnel file, or both.

**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 support the requirement for an exemption from utilizing available Open Contract(s), in accordance with Idaho Code referenced above:*

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

*Agency Purchasing Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Approved**

 Additional conditions apply to this approval.

**Rejected**

DOP Administrator Signature:

DOP Administrator Printed Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason Approved/Rejected:**

Reason Approved/Rejected: