

VSCS Non-Competitive Bid Request Form

Name: _____
Department: _____
Funding Source: _____
(Grant, VSCS Operating Funds, State Capital Funds, VSCS Capital Funds, Other)
Project/Grant Name: _____
Purchase Description: _____
Vendor Name: _____

*VSCS Policy 429 requires that competitive bids or quotes be obtained from at least three sources for all orders \$25,000 or more. Any deviation from this policy requires written justification and evidence **prior to commitment of an order**. This completed form should be submitted to the Dean of Administration.*

Please indicate the reason for requesting a waiver from the competitive bidding process.

- Only known product of its kind
- Only known supplier of the product
- Subaward Requirement (please provide section of award document stating this vendor is to be used)
- Compatibility with existing software or equipment. (Please provide existing software or equipment details)
- There has been an unexpected emergency (as defined in Policy 429 Procedures)
- Other (inapplicable for federally-funded expenditures)

Please describe in as much detail as possible the justification for the reason listed above and attach all relevant documents to help support the justification.

I certify that the above statements are true and correct and that neither I nor a member of my family have any direct or indirect financial or other beneficial interest in the Vendor.

Signature: _____ Date: _____

Approved by: _____ Date: _____