



## Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: \_\_\_\_\_  
Department Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Requisition Number: \_\_\_\_\_ Suggested Supplier: \_\_\_\_\_  
Estimated Amount of Purchase: \_\_\_\_\_  
Detailed Description of the Goods or Services to be purchased: \_\_\_\_\_

☐ **Emergency** (For Emergency Requests, Please check this box and answer **all** questions below.)

1. Date and Time of Emergency Occurrence: \_\_\_\_\_

2. Please state the nature of the emergency posing a risk to public health, welfare, safety or resources:

3. State how the Estimated Amount was determined to be Fair and Reasonable (attach supporting documentation):

**Sole Source** (Please check box and answer all of the following completely.)

1. Provide an explanation why the product, service or supplier requested is the only method that can satisfy the requirements. Please explain why alternatives are unacceptable. Be specific with regard to specification, features, characteristics, requirements, capabilities and compatibility. (Attach additional documents, if necessary):

2. Will this purchase obligate us to a particular vendor for future purchases? (Either in terms of maintenance that only this vendor will be able to perform and/or if we purchase this item, will we need more "like" items in the future to match this one?) Explain in detail.

3. Explain the impact to the County or Public if this request is not approved.

I hereby request that this non-competitive procurement request be approved for the purchase of the above stated work, material, equipment, commodity, or service.

Department Director (Typed/Printed Name) \_\_\_\_\_

Signature:  Date: \_\_\_\_\_

**Do Not Write Below – for the Department of Purchasing and Contracting Use Only**

Procurement Agent (Typed/Printed Name) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Procurement Manager (Typed/Printed Name) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved ☐ Not Approved

Signature: \_\_\_\_\_, Director, Department of Purchasing and Contracting Date: \_\_\_\_\_

(Additional information, attach pages if required):