## ONE TIME EXEMPTION REQUEST FROM COMPETITION FROM IDAHO DEPARTMENT OF COMMERCE

The ITC Handbook provides that the ITC Grant administrator may exempt an acquisition from competitive procurement if the ITC Grant 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.

Date:	Requester Name	e:		
Organization:		);		
EXEMPTION REQUEST DETAILS  Please fill out the area below entirely and to the best of your ability. Reference ITC Handbook Section 1.10 (Bids/Procurement) for competition requirement details.				
EXEMPTION REQUEST TYPE:	EXEMPTION TIMEFRAME*:	EXEMPTION COST DETAILS:		
<ul> <li>Purchase/work directly from/with an identified vendor without completing a solicitation for bids.</li> </ul>	<ul><li>1 Year</li><li>2 Years</li><li>3 Years</li></ul>	Project/Purchase Cost:		
<ul> <li>Perform a level of competition that is less formal than would typically be required.</li> </ul>	<ul><li>4 Years</li><li>5 Years (max)</li></ul>	Was there an attempt to bid (Y/N)?  If yes, what was the outcome (describe below)?		
Other (describe below):	*Note: exemptions can only be documented for the same amount of time as <b>the total contract term of 5 years</b> , then must be re-bid.			
VENDOR BID/CONTRACT DETAILS (REQUIRED):				
1. Does the quote/contract align with the terms and conditions within the ITC Handbook (Y/N)?				
2. Is a retainer/deposit required (Y/N)?  If yes, is it clearly outlined in the bid/contract (Y/N)	?			
3. Is there a cost cap in the quote/contract (Y/N)?  If yes, what is the cost cap?				
4. Is payment tied to deliverables in the quote/contract	(Y/N)?			

If yes, what are the deliverables (d	describe below)?	If no, what is payment tied to (describe below)?	
Please describe the background a	and justification for your exemption request in	n the area below (attach additional sheets as needed).	
Requestor Certification: The inf	formation provided above is true and accurate to	the best of my knowledge, and supports the need for the	
	ped goods or services, in the best interest of the S		
Requestor Signature:		Date:	
	F-mail completed form to: grants@comp	merce.idaho.gov; alexis.malcomb@idaho.gov	
	2 man completed form to grants grown	merce.naurio.gov, arexis.marcombe raurio.gov	
	Department of Cor	mmerce Area Below	
Approved	Approved With Conditions (below):	Denied (below):	
ITC Administrator Printed	d Name:	Decision Date:	
ITC A desiminaturate a Circ	ynaturo:		
11C Administrator Sig	gnature:		