

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: _____
Organization: _____	Requester Email/Phone: _____

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: <input type="radio"/> Purchase/work directly from/with an identified vendor without completing a solicitation for bids. <input type="radio"/> Perform a level of competition that is less formal than would typically be required. <input type="radio"/> Other (describe below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	EXEMPTION TIMEFRAME*: <input type="radio"/> 1 Year <input type="radio"/> 2 Years <input type="radio"/> 3 Years <input type="radio"/> 4 Years <input type="radio"/> 5 Years (max) <small><i>*Note: exemptions can only be documented for the same amount of time as the total contract term of 5 years, then must be re-bid.</i></small>	EXEMPTION COST DETAILS: Project/Purchase Cost: _____ Was there an attempt to bid (Y/N)? _____ If yes, what was the outcome (describe below)? <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
---	---	---

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 (describe below)?

If no, what is payment tied to (describe below)?

Please describe the background and justification for your exemption request in the area below (*attach additional sheets as needed*).

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

Requestor Signature: _____ **Date:** _____

E-mail completed form to: grants@commerce.idaho.gov; alexis.malcomb@idaho.gov

Department of Commerce Area Below

Approved

Approved With Conditions (below):

Denied (below):

ITC Administrator Printed Name: _____ Decision Date: _____

ITC Administrator Signature: _____