

**Berea College - Purchasing Department  
Request for Competitive Bid Waiver**

In accordance with Berea College purchasing policy, this form must be completed for product and service requisitions with a value greater than \$2000 where competition may be restricted. Completing this form does not guarantee that the proposed supplier will be selected. The Purchasing Department may require additional information. It is the responsibility of the requestor to provide all the required information and documentation indicated on the form.

**PARTS I, II and III must be fully completed by the requestor.**

**PART I: Ordering Department/Supplier Information**

Department Name:	Supplier Name:
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**PART II.A: Single/Sole Source Explanation**

<b>Sourcing Reason:</b> (Check all that apply; at least one item must be checked)	Select one or more of the following statements (check the box) to support why the requisition attached and noted above should be a single/sole source e. ANY selection requires explanation in the additional space provided. <input type="checkbox"/> Items sold through manufacturer only; no other comparable unit available. <input type="checkbox"/> Used or demonstration equipment available at a lower-than-new cost. <input type="checkbox"/> Must match existing piece of equipment. Available only from the same source of original equipment. <input type="checkbox"/> Upgrade to existing software. Available only from the producer of this software who sells on a direct basis only. <input type="checkbox"/> Repair/Maintenance service requires expertise in operations on unit. Necessary parts unavailable from any source except original equipment manufacturer or their designated servicing dealer. <input type="checkbox"/> Service(s) provided by the supplier are unique and therefore competitive bids are not applicable. <input type="checkbox"/> Emergency (necessity of keeping vital equipment operative or preventing substantial economic loss or interruption of a vital service.) <input type="checkbox"/> Other reason.
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**Explain Selected Reason:** (Required for all items checked above. Clarify why the supplier is the ONLY supplier that will meet your requirements. If more space is required, attach additional pages.)

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**Part II B: Reasonable Price Establishment (Must Be Completed)**

Select one or more of the following statements (check the box) to explain why you feel the accepted price is fair and reasonable.

<b>Fair Price Reason:</b> (Check all that apply; At least one item must be checked.)	<input type="checkbox"/> The price was obtained from a catalog or standard price list for items sold to the general public in substantial quantities. (Catalog or price list must be provided.) <input type="checkbox"/> The quoted prices are lower than prices available to the general public and reflect substantial savings. Must state dollars or percentage here                      Explain the dollar calculation below. <input type="checkbox"/> The quoted prices compare favorably to market prices, or to previous prices obtained and found to be fair and reasonable, which were paid for the same or familiar items on: (Date)     /     / previous PO#: <input type="checkbox"/> The vendor prices offered are equal to or lower than those offered to other institutions for both like items/services and quantities. (Includes published educational discounts.)
<b>Explain Selected Reason: (Required for all items checked above. Provide/Attach supporting documentation: catalog price page, pricing for similar products or other price comparison, any additional justification information that would support your explanations.)</b>	

**PART III: Certification**

I certify that to the best of my knowledge I have investigated and found that the above reasons and explanations justify this requisition as a single/sole source purchase, and the reasonableness of the price. I am the individual who has gathered and provided this detailed information and any further questions regarding these details can be directed to my attention.	
<b>Signature of requestor:</b> _____	<b>Date:</b> /     /
<b>Title</b>	
<b>Department Head Signature:</b> _____	<b>Date:</b> /     /
Bid Waiver requests with a total purchase value of \$10,000 or more require authorization from the President, appropriate Vice President, or Associate Vice President.	
<b>President or VP Signature:</b> _____	<b>Date:</b> /     /
<b>Title:</b>	

**PART IV: For Purchasing Office Use Only**

____ Justification appears appropriate. ____ Justification appears inappropriate. The department representative has been advised of the status of the order.	
<b>Purchasing Manager Signature:</b> _____	<b>Date:</b> ____/____/____