



INDUSTRY AND DEFENSE PROGRAMS PRIOR AUTHORIZATION FORM

Describe the goods or services to be purchased and the need for the purchase:

	Select Reason for Waiver Request: (check one)
	<p>Sole Source: The product or service required is unavailable from any other source due to various reasons, including unique feature, need of the end-user, specialized nature of service or product, etc. <i>A common example is used or proprietary equipment, which is often available only from a single source. A submission must include an outline of how it was determined that competition was inadequate and documentation of the vendors contacted (this may include copies of email confirmations or if by phone, a written outline including the vendor name, phone #, address, data and time called, name of the vendor representative, and outcome of the call).</i></p>
	<p>Non-Competition: After solicitation of at least three sources, competition is determined inadequate. <i>A submission must include an outline of how it was determined that competition was inadequate and documentation of the vendors contacted (this may include copies of email confirmations or if by phone, a written outline including the vendor name, phone #, address, data and time called, name of the vendor representative, and outcome of the call).</i></p>
	<p>Emergency: The public exigency or emergency will not permit a delay resulting from a competitive solicitation and will further worsen the situation. Purchases of goods or services for emergencies warrant an immediate need for vital preservation of work performed for a client. Emergency situations do not include a rush due to failure to plan ahead, end of the fiscal year procurement cycles, or end of a grant/contract period. <i>If selected, submission must provide additional details justifying the request.</i></p>
	<p>Customer-Directed: The University has contractually agreed to procure the product or service from a specific vendor or the customer requires a specific vendor be used to procure goods and services. Competitive bidding may also be waived when purchased goods or services are fully reimbursed by the customer as a component of the related agreement. <i>As part of the submission, identify the contract containing the requirement and attach to the submission. When approval is granted for customer directed purchases, not fully reimbursed, it will apply to all purchases made from this particular vendor in support of the identified contract, For purchases in which the customer is fully reimbursing the purchasing cost, the submission must include a copy of the customers approval for the purchase (this may include a copy of an email confirmation)..</i></p>
	<p>External Funding: The purchase is being made using non-WSU funds. Examples: WSU Foundation, WSIA, WSU Board of Trustees. <i>If selected, the source of funds must be identified in the submission.</i></p>



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	<p>Renewals, Amendments, or Change Orders: If the current supplier is better positioned due to knowledge and familiarity of commodity, equipment or service to continue work or if engaging a new supplier would cause project delays and introduce additional costs. <i>If selected, submission must provide additional details justifying the request.</i></p>
	<p>Considerable Savings – Established Contract: A waiver may be granted to the requirement to make purchases using established procurement contracts in instances where a non-contracted source offers considerable savings (either \$50 or 10%, whichever is greater). <i>If selected, submission must include documentation of the price savings in comparison to the contract price.</i></p>

<p>Only complete this section if you selected Sole Source or Non-Competition above. Provide information for each vendor contacted that was unable to satisfactorily provide the requested goods or services:</p>		
	Name	Contact Method
Vendor 1		
Vendor 2		
Vendor 3		
Vendor 4		

Outline any additional information relevant to the request:



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I certify to the truth and accuracy of the above statements and information.

_____ Date: _____
Signature Dept. Chair or Principal Investigator

Printed Name

AGENCY USE ONLY

Approval Signature: _____ Date: _____

Printed Name and Title