

REQUEST FOR COMPETITIVE EXCEPTION

A Competitive Exception Form is required when a department requests to waive the requirement of competition. For current competitive threshold requirements, contact your assigned purchasing analyst, or visit <https://www.unlv.edu/purchasing/competitive-threshold-regs>.

When completing the form, describe the items or services requested and list in detail the reasons for requesting the Competitive Exception. Provide the requested substantiating data such as a list of all potential suppliers evaluated and the reason(s) they cannot provide the requested goods or services. Since this is a request to depart from the procedure for competition, a request without support cannot be considered. Your purchasing analyst may require additional information, and the Purchasing Department remains the final authority in the determination of a Competitive Exception acquisition.

For more information about Competitive Exceptions, please see the Competitive Exception section of UNLV's Purchasing Manual, and/or Chapter 5, Section 2 of the NSHE Procedures and Guidelines Manual. Both are available at <https://www.unlv.edu/purchasing/policies>.

To ensure timely processing of your request, the information provided must be thorough.

When the attached Request for Competitive Exception Form is completed and signed, attach it to the corresponding requisition for Purchasing to review. If there will not be a requisition for the purchase, email the completed form to your purchasing analyst. Please note: All requests must be signed by an AVP or Dean as supporting/recommending the request.

Waiving formal bidding requirements does not mitigate the need to ensure purchases are competitively priced and the terms and conditions of the purchase are in the best interests of NSHE.

REQUEST FOR COMPETITIVE EXCEPTION FORM

Date of Request:

Requesting Department:

Department Contact (name, phone # and email):

Requisition Number (if applicable):

Brief description of requested goods/services:

Total Cost of the goods/services for the entire contract term:

Requested duration of Competitive Exception:

Reason for Request (check all that apply):

Reasons that may be approved by Purchasing

Donor or Grant Specific (Where the award to a specific supplier, service provider, or contractor is a condition of a grant or donation that will fund the cost of the equipment, supply, service, or construction item. If the product/service is specifically named in the grant and/or by the Donor, provide a copy of the section of the grant (or Donor request) naming the requested Supplier. You must attach documentation confirming such.)

Follow-Up Work

Professional Expertise/Supplier Qualifications

Proprietary Item(s)

Prototype (test purposes)

Sole Source (only one supplier)

Compatibility/Standardization (Where particular materials, supplies, equipment, or services are necessary for research purposes or for compatibility with existing products or systems.)

Other (explain below)

Reasons that require approval from the Senior Vice President of Finance and Business per NSHE Chapter 5 Fiscal Procedures (if submitting a CE for one of the following reasons, please follow the standard CE submittal process, unless emergent circumstances require otherwise):

Auction, Closeout, Bankruptcy, or Similar

Emergency (There exists an immediate danger to the public health, safety or the welfare of person(s), animal(s), the preservation or protection of property, or the continuance of a vital NSHE function.)

Used Equipment (used equipment or products from an auction, closeout, bankruptcy, or similar sale)

Describe why the requested product/service is required:

List the unique features of the product/service requested. If the product service must be compatible with other equipment manufactured or services performed by the same supplier, provide the previous purchase order number used to procure the product/service:

Describe the features or capabilities unique to the supplier/brand being requested as related to the project requirements:

For Sole Source Requests, list all sources investigated to determine that no other source exists for similar products/services capable of meeting the requirements. For example, websites, professional publications, etc. (Must be exhaustive of all sources for the products/services being purchased. If all sources are not investigated, send complete specifications with the requisition and Purchasing will issue a competitive solicitation.) Consider such questions as: Why is the manufacturer or supplier uniquely qualified to provide the required item or service? Why must this item or service be purchased only from the proposed supplier? Why is a competitor's product not satisfactory? Explain the need for unique specifications and why the unique specifications are critical to the intended use. Identify the unique features, characteristics, or specifications that serve as a justification for sole source. Note: Checking with other possible suppliers oneself is not justification; nor is lack of awareness of other suppliers. Patents alone are not sufficient justification for waiving the competitive solicitation process.

Provide a side-by-side comparison of the features/services of all other Suppliers/brands considered, if applicable:

CERTIFICATION

The undersigned Requestor states that they have prepared the above documentation and that the facts and data set forth are complete and accurate to the best of the undersigned's knowledge and belief. The undersigned certifies that the above statements are true and precise and that he/she/they have no financial or other beneficial interest in the Supplier.

CONFLICT OF INTEREST: The Requestor certifies that to the Requestor's knowledge no elected or appointed official or NSHE employees have benefited or will benefit financially or materially from this award under the penalties of perjury. The awarded contract may be terminated by NSHE if it is determined that gratuities of any kind from the Supplier, its agents, or its employees were either offered to or received by any of the aforementioned individuals. The Requestor and supporting AVP/ Dean/Director of Athletics support the recommendation.

Requestor Name and Title (Type or Print)

Department

Phone

Email

Requestor's Signature

Date

AVP/Dean Name and Title

AVP Signature

Date