

Information

Procurement

Date: _____

Agency: _____

Division: _____

Contacts

	Name	Email
Business Owner:		
Procurement:		
Project Manager:		
Security:		
Agency CIO:		

Summary

Description: _____

- Category:
- Contract Beyond 3 Years
 - Limited Waiver (Brand Specific)
 - Waiver (Sole Source)
 - Use of Another Agency Contract/Cooperative Agreement
 - Other: _____

Current Project: Y N

Project Name: _____

Contract

Renewal: Y N

Expired: Y N Expiration Date: _____

Original Date: _____

Current Term: _____ - _____

Requested Term: _____ - _____

Estimated Cost: _____ Purchase Lease

RQ Number: _____

DIT Tracking #: _____

Attachments

- Draft* Solicitation IFB RFQ RFP
- Vendor Statement that they are the Sole Source
- Draft* Amendment
- Draft* Notice of Extension
- _____
- _____
- _____
- _____

* DRAFT = EDITABLE MS WORD ELECTRONIC VERSIONS

Business Case

Please provide context for your request by summarizing your related business need.

Attached

Category Limited Waiver (Brand Specific) or Waiver (Sole Source)

Authority [09 NCAC 06B.0901](#)

- Condition:
- a needed product or service is available from only one source of supply
 - standardization or compatibility is the overriding consideration
 - additional products or services are needed to complete an ongoing job or task
 - a particular product or service is desired for educational, training, experimental, developmental or research work
 - personal or particular professional services are required
 - _____

Justification

Our agency has reviewed the applicable authority and demonstrates the following in support of this request.

Attached

Category Contract Beyond 3 Years

Authority [09 NCAC 06B.0301\(d\)\(5\)](#)

Justification

Our agency has reviewed the applicable authority and demonstrates the following in support of this request.

Attached

Category Use of Another Agency Contract/Cooperative Agreement

Authority [09 NCAC 06B.1006](#)

Justification

Our agency has reviewed the applicable authority and demonstrates the following in support of this request.

Attached

Category Other: _____

Authority: _____

Justification

Our agency has reviewed the applicable authority and demonstrates the following in support of this request.

Attached