

**CUSTOMER REQUEST FOR A BRAND/VENDOR SPECIFIC WAIVER OF COMPETITION**

**CASE OF REQUISITION NUMBER: R \_\_\_\_\_**

Please check the appropriate justification(s) below for a waiver of competition, pursuant to the North Carolina Administrative Code (01 NCAC 05B.1401).

1. \_\_\_\_\_ *Where performance or price competition is not available.*
2. \_\_\_\_\_ *Where a needed product or service is available from only one source of supply.*
3. \_\_\_\_\_ *Where emergency action is indicated.*
4. \_\_\_\_\_ *Where competition has been solicited but no satisfactory offers are received.*
5. \_\_\_\_\_ *Where standardization or compatibility is the overriding consideration.*
6. \_\_\_\_\_ *Where a donation predicates the source of supply.*
7. \_\_\_\_\_ *Where personal or particular professional services are required.*
8. \_\_\_\_\_ *Where a particular medical product or service, or prosthetic appliance is needed.*
9. \_\_\_\_\_ *Where a product or service is needed for the blind or severely disabled and there are overriding considerations for its use.*
10. \_\_\_\_\_ *Where additional products or services are needed to complete an ongoing job or task.*
11. \_\_\_\_\_ *Where products are bought for "over the counter" resale.*
12. \_\_\_\_\_ *Where a particular product or service is desired for educational, training, experimental, developmental or research work.*
13. \_\_\_\_\_ *Where equipment is already installed, connected and in service, and it is determined advantageous to purchase it.*
14. \_\_\_\_\_ *Where items are subject to rapid price fluctuation or immediate acceptance.*
15. \_\_\_\_\_ *Where there is evidence of resale, price maintenance or other control of prices, lawful or unlawful, or collusion on the part of companies, which thwarts normal competitive procedures.*
16. \_\_\_\_\_ *Where the amount of the purchase is too small to justify soliciting competition or where a purchase is being made and a satisfactory price is available from a previous contract.*
17. \_\_\_\_\_ *Where the requirement is for an authorized cooperative project with another governmental unit(s) or a charitable non-profit organization(s).*
18. \_\_\_\_\_ *Where a used item(s) is available on short notice and subject to prior sale.*

**Customer's Statement (please elaborate on your justification(s) designated above by giving specific details):**

**PLEASE SEE ATTACHED LETTER OF EXPLANATION.**

**Customer's Certification:** I certify that this requested procurement does not violate the University's policy on Avoiding Vendor Conflicts of Interest. <http://financepolicy.unc.edu/Document/1200/1211>

**Customer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Purchasing Agent's Certification:** I certify that the above statement describes a condition for which the North Carolina Administrative Code allows for a Waiver of Competition. Therefore, in reliance on the accuracy of the Customer's Statement and the Customer's Certification above, this request for waiver is approved.

Purchasing Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Team Leader's Review and Approval required for all Purchase Requests over \$25,000:**

Team Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_