LEASE WAIVER request for alternate procurement

single source, limited competition, or emergency for non-office leases

Complete all required fields below and email in **Word** format to Department of Transportation & Public Facilities, Contracts & Appeals Office at [dot.contractsandappeals@alaska.gov](mailto:dot.contractsandappeals@alaska.gov)

DOT&PF WAIVER NUMBER: Click or tap here to enter text.

REQUESTING AGENCY WAIVER NUMBER (if applicable): Click or tap here to enter text.

DEPARTMENT: Choose an item.

WAIVER TYPE: Choose an item.

DATE REQUIRED: Click or tap here to enter text.

TOTAL ESTIMATED COST: Click or tap here to enter text.

LESSOR NAME(S): Click or tap here to enter text.

**EXECUTIVE SUMMARY**

Click or tap here to enter text.

Note: If this is an Emergency Waiver, explain below the level of competition the agency will use and the reasons for determining the level of competition. Attach additional pages if necessary.

Click or tap here to enter text.

**preparer information**

Alternate procurements must be completed by procurement staff with Department of Administration, Office of Procurement & Property Management procurement certification appropriate for the dollar amount.

**Preparer Name:** Click or tap here to enter text.

**Preparer Email:** Click or tap here to enter text.

**CONTACT INFORMATION**

If you would like us to contact someone ***other*** than the preparer if we have questions or need further information, please provide their name and contact details below.

**Contact Name / Phone / Email:**

## Single source / limited competition / emergency evidence

For **Single Source**, **Limited Competition**, or **Emergency** WAIVER types, you must include evidence consisting of material facts sufficient to independently determine that the findings of fact supporting the WAIVER approval are true and accurate. Factual evidence may consist of written documents, records, supporting data, affidavits, or other information proving that the findings of fact are true and accurate.

For **Single Source** and **Limited Competition** WAIVER types, for each piece of evidence submitted, please indicate whether it supports the WAIVER being in the state’s best interest or whether it supports the procurement being impractical to compete using a more competitive method, or both. Remember, evidence supporting “state’s best interest” must describe the specific interests affected.

##### evidence

This is the factual evidence considered:

* Click or tap here to enter text.

**State’s Best Interest  Impractical to Compete**

* Click or tap here to enter text.

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* Click or tap here to enter text.

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* Click or tap here to enter text.

**State’s Best Interest  Impractical to Compete**

* Click or tap here to enter text.

**State’s Best Interest  Impractical to Compete**

## requesting agency approval

This approval must come from the agency head or their authorized designee.

**Approver’s Name / Title:** Click or tap here to enter text.

*By entering my initials below, I represent that I am authorized to approve the Request for Alternate Procurement. I confirm that, to the best of my knowledge, all information and evidence submitted in support of this request is true and accurate.*

**Approver’s Initials***:* Click or tap here to enter text. **Date:** Click or tap here to enter text.

## delegated authority

If this request is approved, the procurement must be made under these conditions:

This authority is limited to the goods and services and vendor(s) specified in this WAIVER and is not to exceed the TOTAL ESTIMATED COST.

Prior to establishing or amending the contract, cost and pricing data must be obtained from the vendor per AS 36.30.400.

Once the contract is established or amended, the agency’s normal authority to process unanticipated amendments under 2 AAC 12.485 apply unless specified otherwise in the SPECIFIC DELEGATION AUTHORITY / RESTRICTIONS / NOTES section below.

## specific delegation authority / restrictions / notes

Click or tap here to enter text.

## DOT&PF Chief contracts officer recommendation

**Reviewed by:** Choose an item.

**Recommended Action:** Choose an item.

## Dot&PF commissioner signature

By signature below, I concur with the LEASING CONTRACTING OFFICER RECOMMENDATION and any SPECIFIC DELEGATION AUTHORITY / RESTRICTIONS / NOTES entered related to this request.

**Signature:** **Date:**

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Concurrence