

STATE OF NEW JERSEY REQUEST FOR WAIVER OF ADVERTISING

(FOR DPP USE ONLY)

Waiver No: _____

Document Number: _____

DEPARTMENT OF THE TREASURY DIVISION OF PURCHASE AND PROPERTY

INSTRUCTIONS: Complete and answer ALL ITEMS 1 thru 17. See statutory citations 52:34-9 & 52:34-10 and refer to current waiver procurement circular for detailed instructions.

PART I — MUST BE COMPLETED BY REQUESTING AGENCY

1. Using Agency <i>(Include Department)</i>	2. Agency Contract Manager Email	3. Agency Contract Manager Telephone Number							
4. Date Item/Service Needed/Term of Contract	5. Agency Waiver Contact E-mail	6. Agency Waiver Contact Phone							
7. Recommended Vendor <i>(Name and Address)</i> Vendor No.: _____ <i>(If more than one vendor, check here and attach list.)</i>	8. Statutory Citation(s) N.J.S.A. 52:34 _____								
	9. Funding Source <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Fiscal Year(s)</th> <th style="width: 25%;">State</th> <th style="width: 25%;">Fed.</th> <th style="width: 25%;">Other</th> </tr> </thead> <tbody> <tr> <td> </td> <td>%</td> <td>%</td> <td>%</td> </tr> </tbody> </table>	Fiscal Year(s)	State	Fed.	Other		%	%	%
Fiscal Year(s)	State	Fed.	Other						
	%	%	%						

11. Provide a brief concise summary of nature and purpose of waiver.
Do not complete this block with "See Attached" or "N/A". Begin summary in this block and continue on separate sheets if needed.

Check here if continued on separate sheet.

12. Explain what attempts were made to obtain competition. "N/A" is not acceptable. Attach all proposals, price quotations, etc. received.
Do not complete this block with "See Attached" or "N/A". Begin explanation in this block and continue on separate pages if required.

Check here if continued on separate sheet.

13. What are the program consequences of not meeting the delivery date given in Item 4 above? (Support with documentation.)
Do not complete this block with "See Attached" or "N/A". Begin explanation in this block and continue on separate sheets if required.

Check here if continued on separate sheet.

<i>Answer Questions 14, 15, 16 by checking proper column at right.</i>		Yes	N/A	17. DEPARTMENT CERTIFICATION <i>I certify to the accuracy of the above statements and to the following as indicated:</i> <i>This is not a confirming waiver.</i> <i>This is an authorized confirming waiver. My signature certifies receipt of all or part of the item/service and that the prices charged were reasonable.</i> <i>This is an unauthorized confirming waiver.</i> _____ <i>(Signature of Department Head)</i> <i>(Date)</i>
14. If required under Circular No. 14-07-OMB/DPP/OTS, have the following approvals been sought: (a) OMB for professional services; (b) OIT for consultant services and approval of Telecommunications, Information Technology Consultant Services, equipment and software?	(a)			
15. Is a vendor proposal(s) attached detailing the scope of work or item description, including an explanation of rates/prices and terms and conditions?	(b)			
16. Is Justification Statement, explaining the circumstances of emergency bid-ability, compatibility, more favorable terms and/or market conditions necessitating this waiver attached?				

PART II — TO BE COMPLETED BY DIVISION OF PURCHASE AND PROPERTY

A. Are the goods or services to be purchased available under an existing State Contract? Yes No Are the prices reasonable compared to other contracts for similar goods or services? Yes No N/A Are there any formal complaints on file against the vendor(s)? <i>[If yes, give status of complaint(s)].</i> Yes No Are the Waivered terms and conditions attached to the proposal? Yes No N/A Competition Sought? Yes No Competition Received? Yes No Citation(s): N.J.S.A. 52:34 _____	<u>FORMS</u> Source Disclosure: Yes No N/A Funding Yes No N/A State Tax Set-Aside: Yes No N/A Ownership Disclosure/Disclosure of Investigation Yes No N/A Business Registration Certificate: Yes No N/A Affirmative Action Compliance: Yes No N/A	<u>FORMS</u> McBride Principle: Yes No N/A Public Law 271 Yes No N/A Acord Form Yes No N/A Iran Disclosure Yes No N/A <u>APPROVALS</u> CH. 51 Yes No N/A OMB Yes No N/A OIT Yes No N/A
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Reviewed By: _____ <i>(Date)</i>	Amount Not to Exceed \$ _____	
B. Legal: This Waiver is approved as to legal sufficiency. 1. _____ <i>(Director—Div. Purchase & Property)</i> <i>(Date)</i> 2. _____ <i>(Deputy Attorney General)</i> <i>(Date)</i>	C. Approved by State Treasurer	Date _____