

Procurement Code Compliance Waiver
30 ILCS 500/1-13(c)

Requesting University: _____ Date Submitted: _____

Project/Contract Title: _____ Vendor Name: _____

Vendor Address: _____

Contract Description: _____

Name of Grant: _____ Scope of Contract: _____

Term: _____ Contract Value: _____

Describe provisions of grant, if any, affecting this procurement (attach additional documentation if necessary):

Grant Funding Source: _____

State in detail why compliance is not practical. Attach Additional documentation if necessary.

Why did the vendor object to compliance? Attach any documentation from the vendor showing objection to the requirement subject of this waiver request.

What good faith efforts were made to obtain full compliance? Attach documentation of university action to obtain vendor compliance.

Why is it necessary to contract with this particular vendor? Provide detail to support the conclusion. Attach additional documentation if necessary.

Are there reasonable alternatives to this vendor or the product provided by this vendor? Provide detail to support the conclusion.

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University Certifications

I am submitting this request for a waiver of contract, registration, or hearing requirements as allowed pursuant to the Illinois Procurement Code (30 ILCS 500/1-13(c)) for a procurement made by or on behalf of public institutions of higher education for the fulfillment of a grant.

I certify that: 1) all information provided in this form, including the necessity for contracting with the named vendor, is accurate, 2) that a good faith effort was undertaken to obtain compliance from the named vendor and those efforts are accurately described in this form and 3) that given the nature of the item to be procured or the terms of any applicable grant, compliance is not practical.

I acknowledge the requirement of Section 1-13(d) of the Code and certify that the resulting contract with the named vendor shall include an acknowledgement and agreement to comply with Section 1-13(d) of the Code.

University Purchasing Director

Signature: _____ Phone Number: _____ Date: _____

Printed Name: _____ Email: _____

SPO Recommendation

- Based on the information provided by the university, I recommend approval of the request for a waiver.
- Based on the information provided by the university, I recommend denial of the request for a waiver for the following reasons:

SPO Signature: _____ Phone Number: _____ Date: _____

Printed Name: _____ Email: _____

CPO Determination

- Based on the information provided by the university, I am approving the request for a waiver.
- Based on the information provided by the university, I am approving the request for a waiver with the following conditions:
- Based on the information provided by the university, I am denying the request for a waiver for the following reasons:

CPO Signature: _____ Phone Number: _____ Date: _____

Printed Name: _____ Email: _____