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|  Alternative Procurement # AP25-XXX Request for Alternative Procurement |
| **1. Using Department**  | **2. Contact Person/Phone/e-mail**  |
| **3**. **Suggested Vendor (Name and Address)** | **4. Policy Citation** | **5. Start and Expiration Dates:** |
|  **6. Index**  | **7. Account** |
|  **8. Total Amount Requested** $ | **9. Requisition #** |
| **10. Provide a concise summary of nature and purpose of this procurement. Explain what attempts, if any, were made to obtain competition. Attach all proposals, quotations, and other available documentation.**   |
| **AP Check List** | **Yes** | **No** | **14. Department Certification:**I certify to the accuracy of the above statements and request an Alternative Procurement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Requestor:**  **Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Department Head**:  **Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Unit Administrator:**  **Date** |
| **11.** Is a vendor proposal (s) attached detailing the scope of work or item description, including an explanation of rates/prices?  |  |  |
| **12.** Confirming/Unauthorized Alternative Procurement? |  |  |
| **13.** Have goods or services been received/performed? If yes, provide a justification signed by Department Head. |  |  |
| **14.** Procurement is included in the FY 2025 Budget? |  |  |

 **Legal: This procurement is approved as to legal form**

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**Executive Director Supply Chain Date Chief Legal Officer**  **Date**

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**Chief Financial Officer Date Ed Jimenez Date**

 **President & CEO**