This form is required for the non-competitive procurement of:
- goods or non-consulting services of CAD$10,000 or more; or
- consulting services regardless of value.

Requester shall complete this form with appropriate approval and forward to Purchasing Services prior to the commencement of receiving goods or services.

A: Details of the Purchase

Product and Services Being Procured: ________________________________

Recommended Supplier: ________________________________

Is this purchase funded by a research grant? ☐ Yes ☐ No

The timeline of the purchase is (select one and fill in the dates):
☐ One time, need to be completed by ________________________________
☐ Recurring/ongoing, anticipated to last from: _________________________ to: _________________________

Total Estimated Procurement Value in CAD: ________________________________

Is the Supplier also the Manufacturer? ☐ Yes ☐ No ☐ N/A

Does the Manufacturer sell through Distributors? ☐ Yes ☐ No ☐ N/A

Is there more than one Distributor? ☐ Yes ☐ No ☐ N/A

Is this purchase related to an existing purchase order or contract?
☐ Yes, PO # ________________ ☐ No, skip below questions and proceed with section B

Is this a renewal of expiring contract? ☐ Yes ☐ No

Is this an expansion of original contract scope? ☐ Yes ☐ No

Is the original contract openly tendered? ☐ Yes ☐ No

B: Non-Competitive Justification

1) From the Non-Competitive Procurement Provisions, provision #_____ applies to this purchase.

2) Please copy the description of the applicable provision below.

3) What is the product or service being procured? How does it fit with your organizational objectives?

4) How do you calculate the estimated total procurement value?
5) Why is it necessary to bypass the competitive procurement process in this situation?

6) What are the risks and implications if you are required to go through a competitive process in this situation?

7) What due diligence has been done to justify this non-competitive procurement?

C: By signing this form, I confirm that, as the requester of this purchase, (please check all)
☐ I understand the University requires competitive procurement for goods and non-consulting services valued at $10,000 or more and for consulting services regardless of value;
☐ I have done my due diligence in respect to this procurement and am recommending this purchase be made without required competitive process for the reason(s) identified herein;
☐ I have provided all available backup documentation in support of this recommendation to the best of my knowledge; and
☐ I have abided by the University’s Conflict of Interest Policies as it relates to this procurement.

Department: ________________________________

Requester Signature           Name (print)           Date

D: Department Approval

Department Head Signature      Name (print)          Date

For purchases of $100,000 or over:

Director/Dean Signature       Name (print)          Date