

**UNIVERSITY SYSTEM OF NEW HAMPSHIRE  
EXCEPTION TO BID FORM (ETB)**

This form must be completed and submitted to the appropriate campus purchasing office, by the individual who is requesting the exception to bid.

In accordance with USNH policy, the University System of New Hampshire must procure all material, equipment, supplies and services via competitive means whenever practical. However, in extraordinary circumstances the competitive bid process may be waived and an exception approved, provided the requesting party can adequately justify the request. (Ref Policy: <http://www.unh.edu/purchasing/policy/purchasing/6-001.htm> )

**SECTION I: REASON FOR EXCEPTION (Check boxes as appropriate)**

- Sole Source:** The product and or service is unique and the vendor is the only one from whom the product and or service can be purchased.
- Sole Acceptable Source:** The vendor, for reasons of expertise, is the only source that is acceptable.
- Sole Acceptable Brand:** The product, for reasons of standardization, quality, compatibility with existing equipment, specifications, or availability, is the only brand that is acceptable.
- Emergency Repair/Purchase:** The timeframe is critical, and a repair/purchase is required to maintain operations. (If prior approval from purchasing cannot be reasonably obtained, the business unit can authorize such purchases. However, the business unit has the responsibility to notify purchasing the next business day and provide justification for the exception to bid.)
- Upgrade to existing software.** Due to licensing restrictions, software is available only from the manufacturer.
- Used or demonstration equipment available at a lower-than-new cost.** (Provide copy of quote showing used vs. new pricing, warranty information and any other terms/conditions of sale.)
- Service Agreements and/or Repair Services/Parts are not available from any other source** except original equipment manufacturer or its designated service dealer.
- Other:** \_\_\_\_\_

**SECTION II: JUSTIFICATION FORM** Failure to address all segments of Section II may result in the delay of your request. If needed, an additional sheet may be used for further and more detailed explanation.

Name of Vendor: \_\_\_\_\_  
Description of product and/or service: \_\_\_\_\_  
Total Cost: \_\_\_\_\_

I have thoroughly researched the purchase and determined that the exception is necessary based upon the following:

- a. The product and/or service is required to: \_\_\_\_\_
- b. The requested product is an integral repair part or accessory compatible with existing equipment.

Existing Equipment: \_\_\_\_\_  
Manufacturer/Model Number/Age: \_\_\_\_\_  
Requested Equipment/Accessory/Part: \_\_\_\_\_  
Manufacturer/Model Number: \_\_\_\_\_

Tracking Number: \_\_\_\_\_  
(Assigned by purchasing)

- c. The requested product has unique design/performance specifications, which are essential to my research protocol or other needs, and is not available in comparable products.

These capabilities are: \_\_\_\_\_

- d. The requested product is essential in maintaining experimental or administrative continuity.

- Requested product is being used in continuing experiments;  
 Other investigators have used this product in similar research, and for comparability of results, I require it;  
 I have standardized on the requested product; the use of another would require considerable time and money to evaluate.

- e. The following steps were taken to determine that the vendor/product is the only vendor/product available that meets my needs:

\_\_\_\_\_

- f. Following is a list of the other vendor/brands considered for this purchase:

\_\_\_\_\_

- g. The vendor/brand was selected over other vendor/brands because (cannot use cost as a basis):

\_\_\_\_\_

**SECTION III: FUNDING SOURCE**

Is the expenditure funded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Federal funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARRA (American Recovery and Reinvestment Act) funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**\*Signatures required unless submitted electronically.**

\_\_\_\_\_  
\* Principal Investigator/Requisitioner Signature      Printed Name      Date

\_\_\_\_\_  
Department Name      Email:      Phone:      Fax:

\_\_\_\_\_  
Authorized Purchasing Signature      Printed Name      Date