request for alternate procurement

innovative procurement, single source, limited competition, or emergency

Complete all fields below and email in **Word** format to: DOA.OPPM.PolicyOversight@alaska.gov

**Include supporting materials and factual evidence, attached separately.**

RAP NUMBER: Click or tap here to enter text.

DEPARTMENT: Choose an item.

DIVISION: Click or tap here to enter text.

RAP TYPE: Choose an item.

DATE REQUIRED: Click or tap here to enter text.

TOTAL ESTIMATED COST: Click or tap here to enter text.

VENDOR NAME(S): Click or tap here to enter text.

CONTRACT NUMBER:Click or tap here to enter text.

**EXECUTIVE SUMMARY**

Click or tap here to enter text.

Note: If this is an Emergency RAP, explain below the level of competition the agency will use and the reasons for determining the level of competition. Attach additional pages if necessary.

 Click or tap here to enter text.

**procurement history**

 Provide a brief procurement/contract history for this request.

Click or tap here to enter text.

**preparer information**

Alternate procurements must be completed by procurement staff with OPPM procurement certification appropriate for the dollar amount.

**Preparer Name:** Click or tap here to enter text.

**Preparer Email:** Click or tap here to enter text.

**Certification Level:** Choose an item.

**CONTACT INFORMATION**

If you would like us to contact someone ***other*** than the preparer if we have questions or need further information, please provide their name and contact details below.

**Contact Name / Phone / Email:** Click or tap here to enter text.

**requesting agency approval**

This approval must come from the agency head or their authorized designee. This may not be delegated below Administrative Services Director for small procurements without prior approval from OPPM.

**Approver’s Name / Title:** Click or tap here to enter text.

*By entering my initials below, I represent that I am authorized to approve the Request for Alternate Procurement. I confirm that, to the best of my knowledge, all information and evidence submitted in support of this request is true and accurate.*

**Approver’s Initials***:* Click or tap here to enter text. **Date:** Click or tap here to enter text.

## Innovative procurement

For **Innovative Procurement** RAP types, you must include an explanation of the proposed innovative procurement procedure, how this procedure will achieve the best value, or why it is advantageous to the state due to new state needs, unique state needs, or new technologies. Following CPO approval, you will need to submit a detailed procurement plan to the Department of Law for review and approval before issuing public notice as required under AS 36.30.130. The plan shall, at a minimum, address the method of solicitation, scope, method of award, protest procedures, and proposed contract provisions.

## Single source / limited competition / emergency evidence

For **Single Source**, **Limited Competition**, or **Emergency** RAP types, you must include evidence consisting of material facts sufficient to independently determine that the findings of fact supporting the RAPs approval are true and accurate. Factual evidence may consist of written documents, records, supporting data, affidavits, or other information proving that the findings of fact are true and accurate.

For **Single Source** and **Limited Competition** RAP types, for each piece of evidence submitted, please indicate whether it supports the RAP being in the state’s best interest or whether it supports the procurement being impractical to compete using a more competitive method, or both. Remember, evidence supporting “state’s best interest” must describe the specific interests affected.

##### evidence for single source/ limited competition/ emergency

This is the factual evidence considered:

* Click or tap here to enter text.

[ ]  **State’s Best Interest** [ ]  **Impractical to Compete**

* Click or tap here to enter text.

[ ]  **State’s Best Interest** [ ]  **Impractical to Compete**

* Click or tap here to enter text.

[ ]  **State’s Best Interest** [ ]  **Impractical to Compete**

* Click or tap here to enter text.

[ ]  **State’s Best Interest** [ ]  **Impractical to Compete**

* Click or tap here to enter text.

[ ]  **State’s Best Interest** [ ]  **Impractical to Compete**

* Click or tap here to enter text.

[ ]  **State’s Best Interest** [ ]  **Impractical to Compete**

* Click or tap here to enter text.

[ ]  **State’s Best Interest** [ ]  **Impractical to Compete**

* Click or tap here to enter text.

[ ]  **State’s Best Interest** [ ]  **Impractical to Compete**

**The following sections are for completion by OPPM only.**

## contracting officer recommendation

**Reviewed by:** Choose an item.

**Recommended Action:** Choose an item.

## delegated authority

If this request is approved, the procurement must be made under these conditions:

This authority is limited to the goods and services and vendor(s) specified in this RAP and is not to exceed the TOTAL ESTIMATED COST entered on page one unless a different amount is specified by OPPM in the SPECIFIC DELEGATION AUTHORITY / RESTRICTIONS / NOTES section below.

This authority expires in 60 days from the date of approval. The agency must establish or amend the contract prior to this expiration.

Prior to establishing or amending the contract, cost and pricing data must be obtained from the vendor per AS 36.30.400.

Any contract established must conform to AAM 81.

Once the contract is established or amended, the agency’s normal authority to process unanticipated amendments under 2 AAC 12.485 apply unless specified otherwise in the SPECIFIC DELEGATION AUTHORITY / RESTRICTIONS / NOTES section below.

## specific delegation authority / restrictions / notes

Click or tap here to enter text.

## chief procurement officer (cpo) signature

By signature below, I concur with the CONTRACTING OFFICER RECOMMENDATION and any SPECIFIC DELEGATION AUTHORITY / RESTRICTIONS / NOTES entered related to this request.

**Signature:** **Date:**

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