request for COOPERATIVE PURCHASING AGREEMENT WAIVER

**FOR AUTHORIZING AN AGENCY TO ENTER INTO A COOPERATIVE AGREEMENT**

**Instructions:**

1. Complete all required fields, **convert to PDF** and send to: DOA.OPPM.PolicyOversight@alaska.gov
2. Include all supporting materials and factual evidence as separate attachments.

|  |  |  |  |
| --- | --- | --- | --- |
| SOLICITATION NUMBER |  | SOLICITATION TITLE |  |
| DEPARTMENT | Choose an item. | DATE REQUIRED |  |
| DIVISION |  | TOTAL EST. COST |  |
|  |  |
| **PREPARER INFORMATION** |  |

Cooperative Purchasing Agreements Waiver requests must be completed by procurement staff with OPPM procurement certification appropriate for the dollar amount.

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| **Preparer Name** | **Preparer Email** | **Certification Level** |
|  |  |
| **JUSTIFICATION-STATE’S BEST INTEREST** |  |

Per AAM 81.060 please explain why entering into a cooperative purchasing agreement with two or more agencies for the purpose of contracting jointly with a private sector entity for the provision of goods or services is in the best interest of the state.

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| **CHIEF PROCUREMENT OFFICER APPROVAL** |  |

By signature below, I concur with the CONTRACTING OFFICER and DCPO RECOMMENDATION related to this request.

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