request for COST WAIVER

**FOR REDUCTION OF THE COST COMPONENT OF EVALUATION OF COMPETITIVE SEALED PROPOSALS**

**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** |  |

Cost waiver requests must be completed by procurement staff with OPPM procurement certification appropriate for the dollar amount.

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

Per AAM 81.470 (3) please explain with particularity why it is not in the State’s best interest to use minimum percentage for price evaluation (40% for services contracts and 60% for supply contracts).

|  |  |
| --- | --- |
| **JUSTIFICATION-PUBLIC MISSION** |  |

Per AAM 81.470 (3) please explain with particularity why using the minimum percentage for price evaluation (40% for services contracts and 60% for supply contracts) will prevent your agency from accomplishing its public mission.

|  |  |
| --- | --- |
| **JUSTIFICATION-OTHER EVALUATION FACTORS** |  |

Please indicate the weighting for evaluation factors other than cost in the table below. (add rows if needed)

|  |  |
| --- | --- |
| **Evaluation Factor** | **Percentage Weight** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **CHIEF PROCUREMENT OFFICER APPROVAL** |  |

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

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