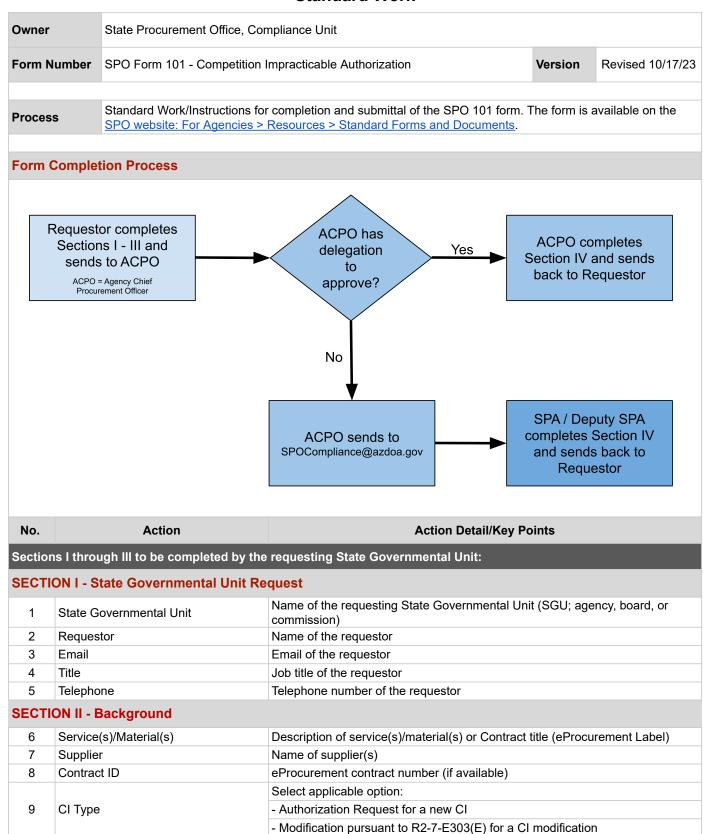
## Standard Work



10	D (: T	
4.4	Requesting Term	Specify contract term or extension period, as applicable, based on the CI
11	Estimated Cost	Forecasted expenditures for the duration of the CI term
ECT	ION III - Justification	
		Select applicable option in accordance with A.A.C R2-7-E303(A):
		- Compliance with A.R.S. §§ 41-2533, 41-2534, 41-2538, or 41-2578 is impracticable
12	Rationale	- Compliance with A.R.S. §§ 41-2533, 41-2534, 41-2538, or 41-2578 is unnecessary
		- Compliance with A.R.S. §§ 41-2533, 41-2534, 41-2538, or 41-2578 is contrary to public interest
		- Documented lack of suppliers
		- Procurement requires an open and continuous availability of offerors
13	Provide details of the procurement need, reason for the competition impracticable, and how the proposed procurement is advantageous to the State	Detail information regarding the rationale selected in the previous section; State Governmental Unit use of the material(s) or service(s); if mandatory state contracts were explored; the limitation which led to the competition impracticable, and how the State would benefit from the procurement. If there is previous contract which requires modification pursuant to R2-7-E303(E) or contract that reached beyond the maximum 5-year term, provide the contract number and copy of that CI.
14	Describe the procurement process, strategy to promote competition, and determination that the price is fair and reasonable	Detail strategy for the proposed procurement, considered competition, reason for selecting specific supplier, and negotiations strategy.
15	I have conducted research and determined that no mandatory state contract is available for the service(s)/material(s)	Check the box confirming research was conducted. If the CI pertains to a modification pursuant to R2-7-E303(E), leave field empty.
16	If needed, I have attached additional documents/clarifications/explanations to the request	Check the box to indicate that there are additional documents attached to the request. Either as separate documents in the original email request or attach directly to the PDF submitted.
17	Signature	Signature of the authorized requestor
17	Olgridiaic	orginatary of the dathorized requester
18	Date of Request	Specify the date of request
18		Specify the date of request
18 ectio	Date of Request	Specify the date of request
18 ectio	Date of Request n IV to be completed by the Procurem	Specify the date of request ent Authority:
18 ectio	Date of Request n IV to be completed by the Procurem	Specify the date of request  ent Authority:  Select applicable option in accordance with A.A.C. R2-7-E303(D):
18 ectio	Date of Request n IV to be completed by the Procurem	Specify the date of request ent Authority:
18 ectio	Date of Request  n IV to be completed by the Procurem  ION IV - Approval	Specify the date of request  ent Authority:  Select applicable option in accordance with A.A.C. R2-7-E303(D):  - Request Authorized Pursuant to R2-7-E303  - Request Authorized with Conditions/Restrictions R2-7-E303
18 ectio	Date of Request  n IV to be completed by the Procurem  ION IV - Approval	Specify the date of request  ent Authority:  Select applicable option in accordance with A.A.C. R2-7-E303(D):  - Request Authorized Pursuant to R2-7-E303
18 ectio	Date of Request  IN IV to be completed by the Procurem  ION IV - Approval  Determination	Specify the date of request  ent Authority:  Select applicable option in accordance with A.A.C. R2-7-E303(D):  Request Authorized Pursuant to R2-7-E303  Request Authorized with Conditions/Restrictions R2-7-E303  Request Returned for Additional Information  Request Denied
18 ectio ECT	Date of Request  n IV to be completed by the Procurem  ION IV - Approval	Specify the date of request  ent Authority:  Select applicable option in accordance with A.A.C. R2-7-E303(D):  - Request Authorized Pursuant to R2-7-E303  - Request Authorized with Conditions/Restrictions R2-7-E303  - Request Returned for Additional Information
18 ectio ECT 19	Date of Request  IV to be completed by the Procurem  ION IV - Approval  Determination  Approved Expiration Date Comments, conditions, or restrictions	Specify the date of request  ent Authority:  Select applicable option in accordance with A.A.C. R2-7-E303(D):  Request Authorized Pursuant to R2-7-E303  Request Authorized with Conditions/Restrictions R2-7-E303  Request Returned for Additional Information  Request Denied  Specify the date or term of expiration
18 ectio ECT 19 20 21	Date of Request  IV to be completed by the Procurem  ION IV - Approval  Determination  Approved Expiration Date Comments, conditions, or restrictions (as applicable)	Specify the date of request  ent Authority:  Select applicable option in accordance with A.A.C. R2-7-E303(D):  Request Authorized Pursuant to R2-7-E303  Request Authorized with Conditions/Restrictions R2-7-E303  Request Returned for Additional Information  Request Denied  Specify the date or term of expiration  Complete as needed
18 ectio ECT 19 20 21 22	Date of Request  IV to be completed by the Procurem  ION IV - Approval  Determination  Approved Expiration Date  Comments, conditions, or restrictions (as applicable)  Print Name	Specify the date of request  ent Authority:  Select applicable option in accordance with A.A.C. R2-7-E303(D):  Request Authorized Pursuant to R2-7-E303  Request Authorized with Conditions/Restrictions R2-7-E303  Request Returned for Additional Information  Request Denied  Specify the date or term of expiration  Complete as needed  Printed name of the approver
18 ectio ECT  19  20 21 22 23	Date of Request  IV to be completed by the Procurem  ION IV - Approval  Determination  Approved Expiration Date  Comments, conditions, or restrictions (as applicable)  Print Name  Title	Specify the date of request  ent Authority:  Select applicable option in accordance with A.A.C. R2-7-E303(D):  Request Authorized Pursuant to R2-7-E303  Request Authorized with Conditions/Restrictions R2-7-E303  Request Returned for Additional Information  Request Denied  Specify the date or term of expiration  Complete as needed  Printed name of the approver  Job title of the approver

26

16)

Use section as necessary (or attach

additional information and check box

Used by any party in case the fields within the form were insufficient



## **Procurement Determination:**

## Competition Impracticable Authorization A.A.C. R2-7-E303

## SECTIONS I THROUGH III MUST BE COMPLETED BY THE REQUESTOR USE ADDITIONAL PAGE AS NECESSARY

SECTION I - State Governmental Unit Request  1. State Governmental Unit		
2. Requestor	3. Email	
4. Title	5. Telephone	
SECTION II - Background		
6. Service(s)/Material(s)		
7. Supplier		
8. Contract ID		
9. CI Type		
10. Requesting Term	11. Estimated Cost	

SECTION III - Justification	
12. Rationale	
13. Provide details of the procurement need, reason for the competition impracticable, and how the proposed procurement is	
advantageous to the State	

14. Describe the procurement process, strategy to promote competition, and determination that the price is fair and reason	able
15. I have conducted research and determined that no mandatory state contract is available for the service(s)/material(s)	
16. If needed, I have attached additional documents/clarifications/explanations to the request	
17. Signature 18. Date of Request	

In accordance with the Procurement Rules, the Arizona Uniform Terms and Conditions must be made a part of all Contracts. If you will be required to sign a software licensing agreement or sign any other agreement containing terms and conditions, these will need additional review to ensure that the terms and conditions do not invalidate the Arizona Uniform Terms and Conditions. Approval of this request does not allow for agencies to exceed their dollar acquisition amount of delegated authority.

TO BE COMPLETED BY PROCUREMENT AUTHORITY						
SECTION IV - Approval						
19. Determination						
20. Approved Expiration Date						
21. Comments, conditions, or restrictions (as applicable)						
22. Print Name	23. Title					
24. Signature	25. Date of Approval					

STATE GOVERNMENTAL UNIT NOTICE: This is an official written determination in response to a procurement authorization request.

A copy of the form shall be maintained by the State Governmental Unit and the State Procurement Office.

Upon completion, Requestor shall forward the signed form to the Contract Owner.

Contract Owner shall upload the signed approval version of this form in the eProcurement system.

If anticipated expenditure is above State Governmental Unit's delegation, forward document to SPOCompliance@azdoa.gov.

26. Use section as necessary (or attach additional information and check box 16)	