REQUEST FOR WAIVER – EXECUTIVE ORDER 2011-12K

Date of Request: _____

Name of Contractor: _____

Name of Agency Representative: _____ Telephone No.: _____
Email Address: _____

Recommended by and
Signature of Agency Procurement Officer: _____ Date: _____

Acknowledged by and
Signature of Director/Executive Director: _____ Date: _____

Type of Contract:

- ☐ Personal Service
- ☐ Request for Proposal
- ☐ Request for Quotes
- ☐ Competitively Bid Contract
- ☐ Competitively Selected Contract
- ☐ Other:_____

Nature of service(s) to be performed outside of the United States and the extent to which offshore services may be involved (please explain; additional sheets may be attached)**:**

_____
_____
_____
_____
_____

Duration of Contract: _____ **Total Contract Cost:** $_____

Justification:

☐ This Contract is an emergency: (Please explain; additional sheets may be attached)

_____
_____
_____
_____
_____

☐ This Contract is necessary: (Please explain; additional sheets may be attached)

_____
_____
_____
_____
_____

DAS Contact Information: All forms should be sent to:
DAS, Office of Legal Services, ATTN: Shelia Smith
30 E. Broad Street, Suite 4099, Columbus, OH 43215
Telephone: 614-644-1773
Email: shelia.smith@das.state.oh.us

DAS Waiver Determination: ☐ Approved ☐ Denied **Date of Determination:** _____