



CFO/ASA ACQUISITION WAIVER REQUEST

Tracking Information			
1.	Contract Waiver Request Number		
2.	Title of Acquisition		
Clearances			
3.	Office of Director	Date Approved	
4.	Office of Acquisition Management: Tiffany T. Hixson Director for Commerce Acquisition Solutions	Date Received	Date Approved
5.	Office of Executive Budgeting: <i>(Reference attached CD-435)</i> Lucia Homick Director for Executive Budgeting	Date Received	Date Approved
6.	CFO/ASA: Otto J. Wolff Chief Financial Officer and Assistant Secretary for Administration <input type="checkbox"/> Approved <input type="checkbox"/> Let's Discuss <input type="checkbox"/> Disapproved	Date Received	Date Approved/Disapproved
Comments			
7. If necessary, questions/comments:			

Acquisition Information

8. New Contract or IAG/MOU	
Total Estimated Value (including options)	
Options Included (i.e. term(s) or tasks)	
Procurement & Socioeconomic Information	<i>Reference Attached CD-570, Blocks 1 - 8 & 11</i>
Competitive Acquisition	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, reference attached CD-492</i>
9. Option/Modification to Contract or MOU/IAG <i>(Action within scope of existing contract or agreement.)</i>	
Performance Period	
Amount	
10. Other Clearances Required	
OGC: <ul style="list-style-type: none"> ▪ IAG/MOU ▪ Contract \$500,000 ▪ Sole Source Contract 	<input type="checkbox"/> Yes <input type="checkbox"/> No
OS CIO Coordination (IT requirements only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acquisition Plan (Acquisitions \$ \$5 million)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contracted Services Board (Professional Services \$ \$5 million)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commerce Information Technology Review Board (IT \$ \$10 million or has Commerce-wide impact)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description and Justification for the Acquisition

11. Acquisition information and justification.

Continuation Page

Instructions for Completion of CFO/ASA Acquisition Waiver Request Form

Block #	Instructions
1.	To be completed by OAM.
2.	Requestor to insert brief narrative description of the requirement, e.g. “ <i>Custodial Service for HCHB</i> ”
3.	Director of Office (i.e. OAM, OAS, OCR, OEBAM, etc.) to sign and provide clearance.
4.	OAM to sign and provide clearance.
5.	OEB Director to sign and provide clearance. Note: The Requestor is required to complete the CD-435. OEB will provide funds certification.
6.	CFO/ASA to approve/disapprove request.
7.	Reserved for CFO/ASA comments.
8.	Requestor to complete.
9.	Requestor to complete. Reference forms CD-570 and CD-492 for additional instructions. Note: Completing blocks “Procurement & Socioeconomic Information” and “Competitive Acquisition” are required for contracts actions only. IAG/MOU waiver requests need not provide this information.
10.	OAM to complete.
11.	Requestor to complete. The narrative justification should address the following: <ul style="list-style-type: none"> ▪ What is the deliverable? ▪ Who is/are the primary customer(s)? ▪ Is this a recurring requirement? ▪ Is this action exercising an option under an existing contract? Is the contractor’s performance acceptable? ▪ Is the acquisition part of an initiative approved by the OS CIO, CITRB, or Contracted Service Board? ▪ What fund is supporting the acquisition? For working capital fund accounts, what service does this fund provide our customers? ▪ Was this acquisition included in your office’s spend plan/budget? If not, please explain the need for the acquisition. ▪ Will/does the acquisition utilize performance-based contracting principles? ▪ What key objective(s) will not be accomplished if the request is not approved? ▪ If a contract action request, please attach the statement of work. ▪ If an IAG/MOU, please attach the agreement.