**ONE-YEAR EXEMPTION or ONE-TIME EXCEPTION REQUEST FORM**

**CORRECTIONAL INDUSTRIES’ STATE CONTRACT #05616**

**(REFERENCE WAC 200-300-086 & RCW 39.26.251)**

Definitions:

**One-Year Exemption -** CI may grant a one-year exemption for either a specific product or product line. Requests will be reviewed by CI on a case by case basis. Approved requests will exempt requesting agency from purchasing the specified product or product line from Correctional Industries for a period of one year.

**One-Time Exception -** In circumstances where CI cannot meet required delivery timeframe, contract delivery term, or customer product need, CI may grant a one-time exception. Requests will be reviewed by CI on a case by case basis. Approved requests will allow the requestor to make a one-time purchase of the specified product outside the mandated Correctional Industries contract.

**In-State Manufacturer** – A manufacturer holding a Washington State business license whose products’ major components are fabricated and assembled or otherwise constructed at a business address within the geographical boundaries of the State of Washington.

**Similar Product** – Requested product offers similar fit, form, and function as contract product.

**Exempt purchasers must follow the WA Procurement** [**RCW Chapter 39.26**](https://apps.leg.wa.gov/rcw/default.aspx?cite=39.26) **or** [**Higher Education 28B.10**](https://app.leg.wa.gov/RCW/default.aspx?cite=28B.10)

\*Required

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted by:** | | | |
| Agency\*: | Agency Name | Division\*: | Division Name |
| Name\*: | First Last | Title: | Working Title |
| Phone: | XXX-XXX-XXXX | Email\*: | xxxx@email.xxx |
| Date of request\*: | XX/XX/XXXX |  |  |

Request type:

|  |  |
| --- | --- |
| One-Year Exemption | One-Time Exception |

Complete the following steps to request an exemption/exception from Correctional Industries’ mandatory contract.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step 1:** | Is there a similar product available under mandatory CI state contract 05616? | | | | Yes  No |
| **Step 2:** | Is the requested product/service **manufactured** (see definition above) in Washington State? | | | | Yes  No |
|  | *If no, a one-year exemption request is denied per WAC 200-300-086 and RCW 39.26.251. A one-time exception may still apply, uncheck the one-year exemption box and check the one-time exception box above and continue to Step 3.* | | | | |
| **Step 3:** | Does the CI product meet customer’s reasonable requirements?  *If no, describe your requirements below.* | | | | Yes  No |
|  | Can an existing CI product be modified to meet customer’s requirements? | | | | Yes  No |
| Is CI product/service of equal quality? *(you must provide requested product’s specifications to allow for CI comparison)* | | | | Yes  No |
| Is the price of the CI product less than or equal to the requested alternate product/service? | | | | Yes  No |
| **Step 4:** | Provide the following prior to submitting request: | | | | |
|  | **CI product information** | | | | |
|  | Product/service name/description: | CI product name / description | | | |
|  | Model #: | CI Model # | Price per unit: | | $XX.XX |
|  | **Alternate product information** | | | | |
|  | Manufacturer: | Vendor name | | | |
|  | Manufacturer Address: | Street, City, State, Zip | | | |
|  | Contact Name: | First Last | | Phone #: | XXX-XXX-XXXX |
|  | Product/service name/description: | Alternate product name / description | | Price per unit: | $XX.XX |
|  | Model #: | Enter vendor model # | | Quantity: | XX |
|  | Warranty: | Enter warranty information | | Delivery Fees: | $XX.XX |
|  | If CI product does not meet your reasonable requirements, please explain (you may attach an additional sheet if necessary): | | | **Total:** | **$XX.XX** |
|  | Type explanation | | | | |
|  |
|  |

**Additional information required:** Please include alternate product specifications (i.e. product brochure, catalog, etc). Specifications should include at a minimum: dimensions, materials, finish, and features.

Upon receipt of a completed form, Correctional Industries will review your request and respond within five (5) working days, unless a shorter or longer time frame has been mutually agreed upon in advance. If CI does not respond within five (5) working days upon receipt of emailed form, you may exercise a ONE-TIME exception, and inform CI Account Executive by telephone or email.

Under no circumstance will requesting agency receive a one-year exemption without the signed written approval of the Department of Corrections Assistant Secretary for Correctional Industries.

Email completed form to your CI Account Executive. If you do not know your assigned Account Executive, you can search online at [www.washingtonci.com/customer-care/find-your-ae.html](http://www.washingtonci.com/customer-care/find-your-ae.html).

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| --- | --- | --- |
| TO BE COMPLETED BY CORRECTIONAL INDUSTRIES: | | |
| Date request received: |  | |
| One-Year Exemption: | Approved | Denied |
| If denied, reason: |  | |
| One-Time Exception: | Approved | Denied |
| If denied, reason: |  | |
| Authorization terms: |  | |
|  |
| One-Time Exception Authorized by: | Name: | Title: |
|  | *Signature:* | |
| One-Year Exemption Authorized by: | Name: | DOC Assistant Secretary - CI |
|  | *Signature:* | |
| Cc: |  | |
| Should have any questions or require further information, please do not hesitate to contact our customer service department at 1.800.628.4738 or [Find Account Executive](http://www.washingtonci.com/_content/contact_us/find_your_account_executive.aspx). | | |