**Date:** September 26, 2022

**To:** Jaimé Viramontes

Project Controls Office Manager

**From:** Click here to enter submitter’s name.

Click here to enter submitter’s position title

**Subject: REQUEST FOR STATE EXEMPTION ORDER - EXEMPTION FROM APPROVED EQUAL REQUIREMENT**

Project Name: Enter the STIP Project Name.

Highway: Enter the Highway Name.

County: Enter the County Name.

Key No.: Enter the Key Number. Control No. *(PCO use only)*: \_\_\_\_\_\_\_\_\_\_

PS&E Due Date: Enter the PS&E due date. Bid Date: Enter the Bid Date.

**Project Description:** *Give a brief description of the project including the purpose, general location and other key details.*

Click here to enter text.

**Product Description:** *Give a brief description of the product including the name or description, general purpose, general location and other key details.*

Click here to enter text.

**Exemption Description:** *This request is for an exemption under ORS 279C.345 and ORS 279C.350 from the requirement to allow an approved equal. (ODOT Contract ONLY) As required by ORS 279C.345(1), specifications for public improvement contracts may not expressly or implicitly require any product by any brand name or mark, nor the product of any particular manufacturer or seller unless the product is exempt under subsection (2) of ORS 279C.345.* - ***Check one or more Findings below that support this request.***

**Findings:**

It is unlikely that the exemption will encourage favoritism in the awarding of public improvement contracts, or substantially diminish competition for public improvement contracts (279C.345(2)(a));

The specification of a product by brand name or mark, or the product of a Particular manufacturer or seller, would result in substantial cost savings to the contracting Agency (279C.345(2)(b));

There is only one manufacturer or seller of the product of the quality required (279C.345(2)(c)); or

Efficient utilization of existing equipment or supplies requires the acquisition of compatible equipment or supplies (279C.345(2)(d)).

**Explanation:** *Factual background and justification must be provided below for each finding selected above:*

Click here to enter text.

**Procurement Method:** *Explain how the material or work will be procured. E.g., biddable work in the construction contract, Contract Change Order, separate sole source contract, etc.*

Click here to enter text.

**Impact of Non-approval of Request:** *Explanation of impacts, if any, if the Exemption request is not approved.*

Click here to enter text.

**Buy America/Build America Buy America:** *How will conformance to Buy America requirements for any iron or steel materials and Build America Buy America requirements for construction materials that are non-ferrous metals, plastic and polymer-based products, glass, lumber or drywall be confirmed (applies to federally funded projects only)? If Buy America or Build America buy America requirements do not apply, please describe why.*

Click here to enter text.

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Click here to enter submitter’s name and position title*.

Concurred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Click here to enter the Project Leader’s or Local Agency Liaison’s name and position title*.

*(Required only if the submitter isn’t the Project Leader or Local Agency Liaison)*

Concurred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Click here to enter AM’s name and position title.*

Concurred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*State Utility and State Railroad Liaison*

*(Required for Utility Connections / Hookups and Railroad Items Only)*

Concurred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Doug Spencer, ITS Standards Engineer*

*(Required for ITS Equipment only)*

***I hereby grant the requested exemption by order based on the above identified findings.***

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Jaimé Viramontes, Project Controls Office Manager*

Cc.: Enter the Spec Writer’s name and position title (email required for non-ODOT employees).