FLORIDA ATLANTIC UNIVERSITY
Division of Research

Sponsored Programs Exemption Form

To: President/Director of Purchasing or designee Date: _____

Principal Investigator_____ Department/College _____

Sponsor Name: _____SP Number:_____

AWD Number/Tag Number: _____Requisition Number: _____

Vendor/Supplier Name:_____

Purchase Type: Expense:☐ Equipment: ☐

Name and Description of Item(s): _____

_____

Purpose:

_____

Justification (attach additional documentation if needed):

_____

Certification:

As required under F.S. 1004.22(7), I, the undersigned PI, certify that the purchase is necessary for the efficient or expeditious execution of the research project; I am independent of, and have no conflict of interest in the entity(ies) evaluated and selected; and certify the above to be true and correct to the best of my knowledge and belief.

FOR FEDERAL PROJECTS: **(one of the following must be selected)**

Pursuant to 2 CFR 200.320(f), Procurement by noncompetitive proposal may be allowed when:

- ☐ Item is available only from a single source;
- ☐ The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
- ☐ The Federal awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity;
- ☐ After solicitation of a number of sources, competition is determined inadequate.

Principal Investigator:

_____
Signature
Name: _____
Date: _____

Office of Sponsored Programs:

_____
Signature
Name: _____
Date:_____

(*5/5/15*, 8/24/16, 4/20/18, 3/12/2019, 2/29/24)