**DATE:** [mm/dd/yyyy]

**TO:** [Insert Name, Title of Certified LPA’s person authorized to make this order per ORS 279C.345 and 279C.350.]

**FROM:** [Insert name and position title of “person in responsible charge” of the project per Certified LPA’s approval authorities]

**Subject: Request for Exemption Order when No Approved Equal Allowed**

Project Name: [Insert name]

Project Key No: [Insert no.]

Federal Aid No: [Insert no.]

**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. 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:** *Explanation of how Buy America requirements will be met for any iron or steel materials (applies to federally funded projects only). If Buy America requirements do not apply, please explain why.*

Click here to enter text.

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert name and position title of “person in responsible charge” of the project per Certified LPA’s approval authorities. Insert additional concurring or authorizing signature lines if needed to conform to Certified LPA’s internal approval processes.]*

Ordered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert Name, Title of Certified LPA’s authorized person. Note, ORS 279C.345 and 279C.350.]*

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

Cc.: [Insert the name, position title, and email address of appropriate members of the design team as necessary].

[Insert name and email address] ODOT Transportation Project Manager / Local Agency Liaison