

SOLICITATION WAIVER

This form is for requesting an exemption to a quote, bid, RFP or RFQ. If under \$50,000 will require County Administrator approval and if over \$50,000 the request will need BCC approval. Use your cursor to hover over a field for help.

Please send completed and digitally signed form to Procurement@marionfl.org

Date: 4/28/2025	Department: Com	nmunity Services	
Request Type:			
✓ Bid Exemption			
Standardization of	Product/Brand		
Sole Source Provi	der of Good/Service		
Piggyback Agency			
Purchase 1 time or	r recurring purchase with	n this year's total expenditure	estimated is
p	Justification and/o	or Description: 258	E-115
extended period and demonstrathem to develop tailored solution the anticipated increase in FY expands. Inc.'s expertise, proven trainplement services immediately priorities. Granting this bid exerchallenges but has also demons continuity is vital for maintaining. Project Manag	ating a deep understanding of our unique ons that address the complexities of home expenditures, a bid exemption is necessary ack record, make them uniquely qualified by, combined with a strong commitment to a patient will enable the County to continuitated the capacity to respond swiftly and affective, equitable, and efficient support	ne County, working closely with Community eneeds. Their extensive experience with the releasness and housing instability specific to y to ensure continuity of these essential ser do serve our most vulnerable populations. To equity and efficiency, directly aligns with the leveraging a partner who not only knows of cost-effectively to the growing needs of ort for those experiencing homelessness and Director Sign	e County has allowed our community. Given vices. Informed by Their ability to the County's goals and our systems and ur community. This d housing instability.
		rement Manual, and meets the r ES NOT require Board Approva	
Shoemale PCA:	5/5/25 Date:	Procurement Direct	5-5-25 tor: Date:
Do not s	ign below without prior signature	s from Procurement Services above	
CHI	AIRM AN		
V	Please Select One	Signature	

Revised 3/2025

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