EXCEPTIONS FORM

**This is the approved format for the Respondent to: (1) state that no exceptions are being made to the term, condition, or provision in the RFA, or (2) list all exceptions to any term, condition, or provision in the RFA.**

**Respondent must submit this form with their response.**

Instructions:

* If no exceptions are being requested to any issue of the RFA, Respondent must check the ‘no exception’ box below and leave the table blank.
* If exceptions are being requested, use the table below and fill in all columns for each exception.
* Ensure the RFA document is listed.
* Ensure the section number of the RFA document is provided.
* Ensure the language to which exception is being taken is provided.
* Ensure the basis for the exception is fully described.
* Provide proposed alternative language.
* Indicate whether Respondent would still want to be considered for contract award if the exception is denied.
* Add more table lines as necessary.
* If more space for explanations or alternatives is reasonably needed, list the exception on this form and reference attached page(s) – Ensure each attached page clearly identifies the line item it refers to.

|  |
| --- |
| **If no exceptions are being requested, check this box and leave the table below blank.** |

FORM J: EXCEPTIONS (NOTE TO RESPONDENTS: COMPLETION OF THIS FORM IS NOT REQUIRED IF THERE ARE NO EXCEPTIONS. sEE sECTION 7.7)

No exception -- nor any term, condition, or provision in a Solicitation Response that differs, varies from, or contradicts this Solicitation -- will be considered to be a part of any contract resulting from this Solicitation unless expressly made a part of the contract in writing by the System Agency.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Solicitation Document | Solicitation Document Section Number | Solicitation Language to which Exception is Taken | Basis of Exception | Respondent's Proposed Language | Still Want to be Considered for Contract Award if Exception Denied? (State "Yes" or "No") |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |