

## NON-COMPETITIVE PURCHASE JUSTIFICATION FORM

### Procurement & Supply Chain Operations, Ext. 2408

**INSTRUCTIONS:** To request an exemption from competitive bidding laws applicable to UConn Health: 1) complete Sections I, II and III of this form; and 2) attach the completed form and any supporting documents to your HuskyBuy Purchase Requisition (PR). [Click here](#) for detailed instructions on completing this form. Refer to [Policy 2006-32](#) or call Procurement at x2408 for additional information.

**NOTE:** *If your request is due to an emergency situation, you must use the [EMERGENCY PURCHASE FORM](#) instead of this form.*

### SECTION I: PURCHASE INFORMATION

Contractor/Supplier Name _____	HuskyBuy PR No. _____	\$ _____	Amount Requested	Procurement use only—FYTD Total: \$ _____
Will any <b>federal</b> funding be used for this purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Check if you're increasing the value of an <u>existing</u> PO.		
If <b>Yes</b> , complete Justification Section <b>II.B</b> on page 2.		Amount being <u>added</u> : \$ _____		

**What are you buying?** Provide a complete description so that your request can be evaluated. Include a description of features or capabilities that are unique to the goods/services requested.

For goods, also provide: Manufacturer: \_\_\_\_\_ and Model #: \_\_\_\_\_

**Did you investigate whether any other suppliers, distributors or similar goods/services could meet your needs?**  Yes  No  
If Yes, explain: what you reviewed, the results of your investigation, why other alternatives were rejected, and which key features or qualifications clearly distinguish your selection from other possible options.

### SECTION II: JUSTIFICATION

**An exemption from competitive bidding requirements may be justified under the following circumstances.** Check off the reason(s) below that apply to your request and provide a detailed justification for each selection explaining why the supplier named above is the only one that can meet your needs. You may attach additional pages, if needed. Please note that price is never a valid sole source justification.

**IMPORTANT NOTE:** As of 7/1/2018, there are **different rules for FEDERAL funds** due to implementation of Uniform Guidance (UG). Be sure to complete only the section below that applies to the funding for your purchase (II.A for Non-Federal funding **or** II.B for **Federal** funding).

#### II.A. For purchases using **ONLY NON-FEDERAL** funds:

Circumstance	Justification (How does this circumstance apply to <u>your</u> request?)
<input type="checkbox"/> <b>A.1) Clinical Service Continuity (for <u>clinical services only</u>):</b> UConn Health must continue utilizing this supplier for these clinical services in order to maintain continuity of care as required by UConn Health's policies and procedures.	
<input type="checkbox"/> <b>A.2) Clinician Preference-Patient Safety:</b> The clinician named below needs to obtain the goods/services from this supplier in order to maximize patient safety and successful clinical outcomes. Clinician name: _____	
<input type="checkbox"/> <b>A.3) Compatible Parts/Warranty Coverage:</b> This is the only supplier that can provide compatible parts or service to maintain the functionality of our existing equipment or comply with warranty provisions.	

Circumstance	Justification (How does this circumstance apply to <u>your</u> request?)
<input type="checkbox"/> <b>A.4) Government Mandate:</b> A governmental authority has mandated the use of this supplier for this purpose.	
<input type="checkbox"/> <b>A.5) Grantor/Sponsor Requirement (for <u>grant-funded purchases only</u>):</b> The funder for this purchase, subcontract or subaward requires us to utilize this supplier, subcontractor or subawardee.	
<input type="checkbox"/> <b>A.6) Intellectual Property:</b> A necessary copyright or patent is owned exclusively by this supplier.	
<input type="checkbox"/> <b>A.7) Research Standards (for <u>research-related purchases only</u>):</b> The goods, services or facilities must be obtained from this supplier in order to comply with established and documented UConn Health research standards/protocols.	
<input type="checkbox"/> <b>A.8) Sole Source/Distribution Restrictions (for <u>goods only</u>):</b> These goods are manufactured and sold exclusively by this supplier, or are subject to distribution restrictions that require UConn Health to purchase them from only this supplier.	
<input type="checkbox"/> <b>A.9) Standardization/Investment:</b> UConn Health has already standardized on or made a significant investment in this supplier's goods/services. Changing suppliers would impede standardization or require the expenditure of an unreasonable amount of funds to duplicate this investment.	
<input type="checkbox"/> <b>A.10) Unique Qualifications or Location (for <u>services or real estate space only</u>):</b> This supplier is uniquely qualified to provide the needed services, or the location of the space has been identified as uniquely suited to UConn Health's business needs.	

**II.B. For purchases using ANY FEDERAL funds:**

Circumstance	Justification (How does this circumstance apply to <u>your</u> request?)
<input type="checkbox"/> <b>B.1) Single Source:</b> (i) Only one product meets the required specifications AND that product is available from only one supplier; or (ii) use of any other goods/services would void warranty coverage or cause existing equipment or software to malfunction AND the needed goods/services are available from only one supplier; or (iii) only one supplier can meet the delivery timeline to fulfill a commitment to the funder (documentation of required dates must be attached); or (iv) other (must explain in the Justification box).	
<input type="checkbox"/> <b>B.2) Federal Authorization:</b> The federal funding agency has expressly authorized the non-competitive procurement of the goods/services in response to the Principal Investigator's written request. (Documentation of the authorization must be attached.)	
<input type="checkbox"/> <b>B.3) Inadequate Competition:</b> Previous procurement attempts from multiple sources did not result in identification of another qualified supplier. (List previous procurement attempts and dates in Justification box.)	

**SECTION III: CERTIFICATION BY REQUESTING DEPARTMENT**

This certification is required to ensure compliance with federal and state law, and applies to both the Requestor and the Supervisor signing below. Please review it carefully before signing. Inaccuracies could result in loss of grant funding and other penalties.

I certify that:

- 1) to the best of my knowledge, the information provided is true and accurate;
- 2) no other material fact or consideration offered or given has influenced my recommendation that competitive bidding requirements be waived for this purchase;
- 3) neither I, nor my cohabitating partner, nor any member of my immediate family, nor a business with which any of us are associated: (i) has a financial or other interest in this supplier, or (ii) will derive a monetary gain or other tangible personal benefit as a result of this purchase; and
- 4) to the best of my knowledge, no other person associated with this purchase has a conflict of interest as stated in section 3 of this certification.

Requestor Name (Printed) \_\_\_\_\_ Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Must be the PI for **federally**-funded purchases.

Requestor Department \_\_\_\_\_ Requestor Phone \_\_\_\_\_

Next Level Supervisor Name (Printed) \_\_\_\_\_ Next Level Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Must be Director or above.

**IT APPROVAL – REQUESTOR MUST OBTAIN THIS SIGNATURE FOR IT SYSTEMS-RELATED REQUESTS ONLY:**

AVP of Information Technology (Printed Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Requestor, Supervisor and IT Approver (for IT system purchases) must sign this form before it is submitted to Procurement.

**SECTION IV: APPROVAL SIGNATURES**  
 (PROCUREMENT USE ONLY)

TOTAL AMOUNT	TITLE	PRINT NAME	SIGNATURE	APPROVAL DATE
<b>Greater than \$10,000</b>	Buyer			
	Director of Procurement	Lori Acomb		
⇒ <input type="checkbox"/> Use the two signature lines below for purchases that are <b>NOT</b> being made under a Finance Corp. contract or FOAPAL. ⇐				
<b>Greater than \$50,000</b>	Controller	Chad Bianchi		
<b>Greater than \$200,000</b>	Chief Financial Officer	Jeffrey Geoghegan		
⇒ <input type="checkbox"/> Use the two signature lines below for purchases under <u>Finance Corporation</u> contracts or FOAPALs <u>only</u> . ⇐				
<b>Greater than \$10,000</b>	UConn Health CFO	Jeffrey Geoghegan		
<b>Equal to or Greater than \$500,000</b>	Finance Corp. Executive Director	Scott Jordan		