



**UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**Procurement Operations & Contracts**  
**263 Farmington Avenue, MC4036**  
**Farmington, CT 06032-4036**

**IMPORTANT:** For additional information regarding our Sole Source Purchase Policy, please refer to UCHC Policy #2006-32. Once this form is completed and signed by the Department Head of the Requesting Department, please submit this form and all supporting documentation to the appropriate Buyer or attach to the Purchase Requisition in HuskyBuy.

Contractor/Supplier Name \_\_\_\_\_ Purchase Requisition (PR) No. \_\_\_\_\_ \$ \_\_\_\_\_  
Total Amount

Description of Goods/Services \_\_\_\_\_ Requesting Department/Division \_\_\_\_\_

**SOLE SOURCE PURCHASE JUSTIFICATION**

Please check all of the appropriate boxes below:

- Compatibility/Warranty Compliance:* This is the only supplier that can provide the compatible goods/services necessary for UCHC's existing equipment to function properly or comply with warranty provisions.
- Continuity of Clinical Services:* Because this supplier has previously provided these clinical services on behalf of UCHC, the same supplier must be utilized to maintain continuity of care as required by UCHC policies and procedures.
- Governmental Mandate:* The Legislature, a court or other governmental authority has mandated the use of this supplier.
- Intellectual Property:* A necessary copyright or patent is owned exclusively by this supplier.
- Investment:* This supplier has already made an investment that enables it to provide the goods, facilities or services that UCHC needs, and the State of Connecticut would have to expend an unreasonable amount of State funds to duplicate the investment if a different supplier were used.
- Leases:* The required real estate or financial leasing is available only from this supplier.
- Patient Safety–Clinician Preference:* The clinician(s) identified below need(s) the goods/services from this supplier in order to maximize patient safety and successful clinical outcomes.
- Proprietary Goods/Unusual Market Conditions:* The required goods are manufactured and sold exclusively by this supplier, or are subject to distribution restrictions that require UCHC to purchase them from only this supplier.
- Replacement Parts:* Replacement parts for UCHC's existing equipment are available only from this supplier.
- Research Standards/Protocols:* The goods, services and/or facilities must be obtained from this supplier in order to comply with established and documented UCHC research standards/protocols.

Please answer all of the following questions:

1. Explain all of the boxes checked above by describing the unique characteristics of the requested supplies, equipment, facilities or services. If the purchase is for goods (supplies/equipment), please list the manufacturer's name and model number. If the justification is based on patient safety-clinician preference, identify the requesting clinician(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Explain the business or operational requirements of the department that justify this sole source purchase.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. List any other products or services that were reviewed, evaluated, or investigated prior to submitting this request.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did the supplier provide product or equipment specifications to the department? \_\_\_\_\_
5. Has any work related to this project already been done? If so, when? \_\_\_\_\_
6. What is the expected purchase date for this request? \_\_\_\_\_
7. If an unusual market or trade condition exists, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION FROM REQUESTING DEPARTMENT**

*I certify that, to the best of my knowledge, the above information is true and accurate, and that no other material fact or consideration offered or given has influenced this recommendation that competitive bidding requirements be waived for this sole source purchase.*

Department Head Name (Printed) \_\_\_\_\_ Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** This form must be signed by the appropriate Department Head him/herself.

APPROVAL SIGNATURES				
TOTAL AMOUNT	TITLE	PRINT NAME	SIGNATURE	APPROVAL DATE
<b>Equal to or Greater than \$10,000</b>	Fiscal Administrative Officer (Buyer)			
	Asst. Director/Director of Procurement <b>OR</b> Facility Contracts & Leases			
<b>NOTE: The following 2 signature lines are for UCHC purchases and contracts only (not Finance Corp.).</b>				
<b>UCHC – Equal to or Greater than \$50,000</b>	Controller	Jeffrey Geoghegan		
<b>UCHC – Equal to or Greater than \$200,000</b>	Chief Financial Officer	John Biancamano		
<b>NOTE: The following 2 signature lines are for Finance Corporation contracts only.</b>				
<b>Finance Corp. - Equal to or Greater than \$10,000</b>	Chief Financial Officer	John Biancamano		
<b>Finance Corp. - Equal to or Greater than \$50,000</b>	Executive Director (UCHCFC)	Richard Gray		

**ADDITIONAL APPROVALS REQUIRED PRIOR TO CONTRACT EXECUTION**

**NOTE: This section is informational. The Approval Dates will be entered by Procurement Operations & Contracts staff.**

TOTAL AMOUNT	UCHC FINANCE SUBCOMMITTEE and UCHC BOARD OF DIRECTORS	FINANCE CORPORATION BOARD OF DIRECTORS
<b>Between \$500,000 and \$999,999</b>	All purchases are reported as Informational Items.	Purchases made through Finance Corp. require pre-authorization by the Finance Corp. Board. <b>Approval Date:</b> _____
<b>Equal to or Greater than \$1,000,000</b>	All purchases require pre-authorization by either the UCHC Finance Subcommittee or full UCHC Board. <b>Approval Date:</b> _____	Purchases made through Finance Corp. also require pre-authorization by the Finance Corp. Board. <b>Approval Date:</b> _____