# PROPOSED SOLE SOURCE PURCHASE
## DEPARTMENT REQUESTOR FORM

Pursuant to New Mexico Procurement law, the UNM Hospitals Purchasing Department will post your completed form on the UNM Sunshine Portal for 30 days prior to purchase of the goods/services.

## I. GENERAL INFORMATION. Please Provide Complete Information:

<table>
<thead>
<tr>
<th>Date of Request</th>
<th>04/3/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Submitted by</td>
<td>MILTON SALZ</td>
</tr>
<tr>
<td>Department</td>
<td>OCCUPATIONAL HEALTH</td>
</tr>
<tr>
<td>Proposed Vendor</td>
<td>TIDI PRODUCTS</td>
</tr>
<tr>
<td>Requisition Number (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>UD OHS</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:mjscalz@salud.unm.edu">mjscalz@salud.unm.edu</a></td>
</tr>
<tr>
<td>Phone</td>
<td>525-2482</td>
</tr>
<tr>
<td>Estimated Dollar Amt and Contract Term</td>
<td>$5,000 per year</td>
</tr>
<tr>
<td>(8) years</td>
<td></td>
</tr>
</tbody>
</table>

Provide a basic description of goods/services to be provided:

- TIDI SHIELDS
- PRE-ASSEMBLED DEVICE
- COMES IN BOXES PLACED IN DISPENSER

Intended use of/reason for purchase:

- REDUCE EYE SPLASH INCIDENTS
- EASY ACCESS
- ENHANCED COMPLIANCE
- REDUCED OVERALL COST
- INCREASED STAFF SAFETY
- COST AVIODANCE

## II. BASIS FOR IDENTIFYING VENDOR AS SOLE SOURCE PROCUREMENT. Choose Applicable Box(es) and Provide Detailed Information:

- [x] PROPRIETARY: Item, technology, or service is proprietary and available ONLY from the proposed vendor.

- TECHNOLOGY IS PROPRIETARY
- DISPENSER IS PROPRIETARY

- [ ] COMPATIBLE: Desired purchase must be compatible with existing item, technology or service.
RENEWAL: Support, maintenance, software subscription, technology or other intellectual property must be renewed ONLY from proposed vendor.

OTHER: Other basis for Sole Source not described above.

III. SUPPLEMENTAL DETAILS. Please Provide Additional Information As Requested Below:

Describe the unique capabilities of the proposed vendor's goods, services, or personnel performing the work and substantial risks that could not be overcome without purchase.

- PRE-ASSEMBLED PRODUCT IN DISPENSER OF 25
- DISPENSER CAN BE PLACED AT POINT OF PATIENT CONTACT
- EASY ACCESS TO PRODUCT BASED ON ABOVE
- ALLOWS COMPLIANCE OF FULL PPE

Identify other vendors or sources and the reason they were found to be unsatisfactory for providing the goods, services, or personnel performing the work.

- HALMADO HEALTH INC.
  - PROVIDE SEPARATE LENS AND FRAME THAT NEED TO BE ASSEMBLED
  - STORED IN PAXIS AWAY FROM EASY ACCESS

IV. DEPARTMENT APPROVAL.

By signing below, the department certifies that the information submitted on this form has been reviewed and this purchase has departmental approval. The final determination of Sole Source approval shall be made by the Purchasing Department.

Requestor: [Signature] Date: 04/13/18

UNMH Proposed Sole Source Form – Rev 7/30/14