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>5-31-18</th>
<th>Requisition Number (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Submitted by</td>
<td>Jeff Gilmore</td>
<td>Title</td>
</tr>
<tr>
<td>Department</td>
<td>Carrie Tingley Hospital-Rehab</td>
<td>Email</td>
</tr>
<tr>
<td>Phone</td>
<td>505-272-9156</td>
<td>Estimated Dollar Amt</td>
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<tr>
<td>Proposed Vendor</td>
<td>Holony</td>
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Provide a basic description of goods/services to be provided:

Armeo spring – pediatric. Supports recovery of arm and hand function.

Intended use of/reason for purchase:

Provision of Rehab./Healthcare.

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

☐ PROPRIETARY. Item, technology, or service is proprietary and available ONLY from the proposed vendor.

No competing product is known to UNMH. UNMH already uses an adult version of this item, and requires the pediatric version to serve a wider range of patients.

☐ 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.
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.

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

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: 5-31-18

Administrator: [Signature]

Date: [Signature]