

EXEMPT COMMODITY/SERVICE JUSTIFICATION FORM

COMMODITY, TECHNICAL/GENERAL SERVICE, EQUIPMENT

Vendor Name: _____ Vendor SAP Number: _____

Fund & Cost Center: _____ Total Cost: \$ _____

Department: _____

Act 609 of 2017 amended Section 1. Arkansas Code §19-11-203(14), concerning the definition of “exempt commodities and services” to add an additional subdivision to read as follows:

(EE) Commodities and services purchased by an *academic medical center* using revenue derived from and used for patient care and hospital enterprises;

While the above purchases may be exempt; UAMS will exercise its fiduciary responsibility at all times to ensure we maintain public confidence in the procedures followed for obtaining such exempt commodities and services. **The Vice Chancellor for Finance & Chief Financial Officer or designee is the final authority of whether the justification is appropriate.** When applicable, the ICE Service Line Administrator and Senior ICE Leadership must sign the justification.

When possible, UAMS will foster effective competition by bidding requests (in excess of \$20,000) for commodities, technical/general services, and equipment. However, items that are to be procured from a specific vendor, where substitutes to the vendor or brand are unacceptable, and/or bidding not possible nor practicable departments are to request exemption by completing this form. Factual statements that will pass an internal and/or legislative-audit must support justification. Upon request from the Vice Chancellor for Finance and CFO or designee, any relevant documents or submissions shall be provided in advance of a final determination of justification for this exemption.

Please address the following to justify request for this exemption:

1. Why is the commodity/service/equipment needed?
2. Describe the methods used to determine that a lack of responsible/responsive bid competition exists for the commodity/service/equipment and/or your justification for UAMS not conducting a competitive bid process.
3. If applicable, fully detail any program considerations, which make the use of this exemption criteria critical to the successful completion of the UAMS task.
4. To your knowledge, does any UAMS employee or their immediate family have any direct or indirect financial interest in the specific vendor that is the subject of this request? If the answer is yes, please list that person(s) name and the specific nature of their financial interest.

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By signing below, I certify that the above statements are true and correct, and that no other material fact or consideration offered has influenced this recommendation for the exemption. Attach this department approved form to your requisition for processing.

Submitted by: _____

Title: _____

Authorized Signature: _____

Date: _____

ICE Service Line Administrator: _____

Date: _____

ICE Administration (if applicable): _____

Date: _____

Agency Procurement Official: _____

Date: _____

Vice Chancellor for Finance and:
Chief Financial Officer _____

Date: _____