EXCLUSIVE ACQUISITION JUSTIFICATION FORM

(For Noncompetitive Purchases over \$15,000)

HOTEL EVENT & CATERING

The competitive bidding process is the foundation of government purchasing. In rare situations though, due to the unique nature of some goods and services, competition may not be possible. It is the responsibility of Contracts and Procurement (CNP) to verify that competition is not required and that the acquisition will result in "best value" for the institution in compliance with *Texas Education Code*, §51.9335(b).

In order to make this determination, CNP must understand the unique characteristic(s) of the good or service. This form is designed to assist staff in communicating the required information to CNP.

Please answer the questions below as completely as possible. Additional pages may be attached if more space or additional documentation is needed. Requests must be typed.

Please submit the completed and signed form (scan the signed page only) to CNP@utsystem.edu with all relevant quotes and approvals.

ENERAL INFORMATION			
Today's Date:	Guarantee Amount:		Anticipated Total Cost:
L			
NTACT INFORMATION			
DEPARTMENT INFORMATION		SUPPLIER INFORMATION	
Contact Name:		Supplier Name:	
Department:		Contact Name:	
Phone:		Phone:	
Email Address:		Email Address:	

TYPE OF JUSTIFICATION

Hotel or Event Venue

Agreement with hotel or event venue even if all costs are paid by guests. May include additional services such as meals, meeting rooms, audio/visual equipment. Complete SECTION A.

Catering

Agreement with caterer for meals/food onsite or remote. Complete SECTION B.

Transportation/Shuttle Services

Agreement for transportation of faculty, staff, students and guests at events. Complete SECTION C.

SECTION A - Hotel or Event Venue

Reason for Selection of Hotel/Event Venue (Check all that apply)	Location Availability Cost Amenities
List other Hotels/Event Venues that were considered but not selected	

• Include Standard Hotel Agreement signed by the hotel.

SECTION B - Catering

Reason for Selection of Caterer (Check all that apply)	Menu Selections Quality Cost Past Performance
List other Caterers that were considered but not selected	

Include quotation and any documents that require signature.

SECTION C - Transportation/Shuttle Service

Reason for selection of Transportation/Shuttle Service (Check all that apply)	Vehicle Availability Cost Safety Record
List other Transportation/Shuttle Services that were considered but not selected	

• Include quotation, any documents that require signature and copy of Insurance Certificate.

CONFLICT OF INTEREST STATEMENT	
not acting under duress. I am not currently employed	ned, hereby certify that the following statements are true and correct commitments contained herein. I am acting on my own accord and am d by, nor am I receiving any compensation from, nor have I been the nity, employment, gift, loan, gratuity, special discount, trip, favor, or worable consideration of this request.
Signature:(Primary User)	Date:
Title:	
DEPARTMENT APPROVAL – Department Head/Exe	cutive Officer*
By signing below, the department certifies that the infor has departmental approval. The final determination of a	rmation submitted on this form has been reviewed and this purchase approval shall be made by CNP.
Signature:(Department Head/Executive Officer)	Date:
Printed Name:(Department Head/Executive Officer)	
Title:	

^{*}Departmental Approver should be senior to the Primary User.

DETERMINATION: Approved Not Approved CNP Comments: Signature: Date: Signature: Date:

Executive Vice Chancellor for Business Affairs (>\$250,000)

Signature: __

PROCUREMENT APPROVAL - TO BE FILLED OUT BY CONTRACTS AND PROCUREMENT

Date: _____