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.

GENERAL INFORMATION

Today's Date:		Guarantee Amount:		Anticipated Total Cost:	

CONTACT 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

I, _____, the undersigned, hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein. I am acting on my own accord and am not acting under duress. I am not currently employed by, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with this supplier in return for favorable consideration of this request.

Signature: _____ *Date:* _____
(Primary User)

Title: _____

DEPARTMENT APPROVAL – Department Head/Executive Officer*

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 approval shall be made by CNP.

Signature: _____ *Date:* _____
(Department Head/Executive Officer)

Printed Name: _____
(Department Head/Executive Officer)

Title: _____

***Departmental Approver should be senior to the Primary User.**

PROCUREMENT APPROVAL – TO BE FILLED OUT BY CONTRACTS AND PROCUREMENT

DETERMINATION:

☐ Approved

☐ Not Approved

CNP Comments:

☐ *Signature:* _____ *Date:* _____
Select CNP Purchaser

☐ *Signature:* _____ *Date:* _____
Assistant Director, Contracts and Procurement

☐ *Signature:* _____ *Date:* _____
Chief Supply Chain Officer, Strategic Sourcing