**Notice of Intent to Certify Sole Source**

**To:** Interested Parties

**From:** Dr. Paul Veregge

 CIO/CMIO

**Date:** 2/13/2018

**Re:** Sole Source Certification Number **SS009046**

**Contact Email Address:** solesource@umc.edu

**Sole Source Certification Award Details**

Regarding UMMC Sole Source Certification Number **SS009046** for **GraphPad Prism Subscription Renewal**, please be advised that UMMC intends to award the purchase of the **GraphPad Prism Subscription Renewal,** to **GraphPad Software Inc., as** the sole source provider of **GraphPad Prism Subscription Renewal.**

UMMC issues this notice in accordance with Mississippi state law, policy, and procedures for sole source procurements.

Sole Source Criteria

1. Where the compatibility of equipment, accessories, or replacement parts is the paramount consideration (and manufacturer is the sole supplier).
2. Where a sole supplier’s item is needed for trial use or testing.
3. Where a sole supplier’s item is to be required when no other item will service the needs of UMMC.

**Schedule**

|  |  |
| --- | --- |
| **Task** | **Date** |
| First Advertisement Date | February 16, 2018 |
| Second Advertisement Date | February 23, 2018 |
| Response Deadline from Objectors | March 2, 2018, at 3:00 p.m. Central Time |
| Notice of Award/No Award Posted | Not before March 6, 2018 |

**Project Details**

1. **Describe the commodity/service that the institution is seeking to procure:**

GraphPad Prism organizes and links data, graphs and analyses together. Changes in this information automatically updates all related data graphs and analyses.

1. **Explain why the commodity is the only one (1) that can meet the needs of the :**

Prism also includes help and teaching information for guidance in statistical test selection and graph creation.

1. **Explain why the source is the only person or entity that can provide the required commodity:**

GraphPad has all of the features of Prism or functions in precisely the same way.

See supporting letter from **GraphPad Software Inc.,** Attachment A.

1. **Explain why the amount to be expended for the commodity is reasonable:**

The estimated amount to be expended is for the purchase of the GraphPad Prism is $13,500.00. This amount is within the expected price range for these products.

1. **Describe the efforts that the agency went through to obtain the best possible price for the commodity:**

Through market intelligence, UMMC was able to negotiate best pricing for these products. All applicable discounts were explored and applied.

**Submission Instructions and Format of Response from Objecting Parties**

Interested parties who have reason to believe that the **GraphPad Prism Subscription Renewal**, (hereafter, “Products”) should not be certified as a sole source should provide information in the Vendor Form for the State to use in determining whether or not to proceed with awarding the sole source to **GraphPad Software, Inc.)**. The Vendor Form may be found at <http://www.dfa.state.ms.us/Purchasing/documents/ObjectiontoSoleSourceDetermination.pdf>.

Objections must include the certification in Attachment B.

Comments will be accepted at any time prior to **Friday, March 2, 2018, at 3:00 p.m**. (Central Time) to solesource@umc.edu. Responses may be delivered via email to solesource@umc.edu. UMMC WILL NOT BE RESPONSIBLE FOR DELAYS IN THE DELIVERY OF RESPONSES. It is solely the responsibility of the Interested Parties that responses reach UMMC on time. Responses received after the deadline and responses that lack all required information will be rejected. UMMC reserves the right to inspect Interested Party’s commodity for comparison purposes.

If you have any questions concerning the information above or if we can be of further assistance, please contact solesource@umc.edu.

Attachment A: Vendor Correspondence

Attachment B: Objection Certification

Attachment B

**SUBMITTED IN RESPONSE TO**

**Sole Source Certification No. SS009046**

**Accepted until Friday, March 2, 2018, at 3:00 p.m.**

I certify that the information contained in this objection is true and accurate to the best of my knowledge. I understand that UMMC will investigate all statements made in this objection and that any false or misleading information provided may result in adverse action.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Objector Name

Objector’s title

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date