**Notice of Intent to Certify Sole Source**

**To:** Interested Parties

**From:** Dr. Paul Veregge

 CIO/CMIO

**Date:** April 30, 2018

**Re:** Sole Source Certification Number SS9057

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

**Sole Source Certification Award Details**

Regarding UMMC Sole Source Certification Number **SS9057** for **Merge Ophthalmic Imaging System**, please be advised that UMMC intends to award the purchase of the **Merge Ophthalmic Imaging System** to **Merge Healthcare,** as the sole source provider of the **Merge Ophthalmic Imaging System**. .

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 | May 4, 2018 |
| Second Advertisement Date | May 11, 2018 |
| Response Deadline from Objectors | May 18, 2018, at 3:00 p.m. Central Time |
| Notice of Award/No Award Posted | Not before May 18, 2018 |

**Project Details**

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

This Imaging system is used by all sub-specialties in Ophthalmology for Diagnostics of the Retina and Optic Nerve by Laser Scanning and Mapping the intra-ocular macular layers. System also includes separate Server with connectivity to the Retina Suite exam rooms for Image storage and retrieval.

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

Merge supports the continued operation of our Imaging system and provides On-line Support for Software and repair service /upgrades to the system.

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

The system is in place in the department of Ophthalmology and has been for the last five years. No Other company can or will provide support and maintenance coverage

They are not available from any other distributor. See supporting letter from **Merge Healthcare**, Attachment A.

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

The estimated amount to be expended is for the purchase of the **Merge Ophthalmic Imaging System** is **$14,047.00**. Total investment to-date will be **$14,047.00**. This amount is within the expected price range for these products.

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

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 **Merge Ophthalmic Imaging System,**  (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 **Merge Healthcare.** 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, May 18, 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. SS9057**

**Accepted until Friday, May 18, 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