

University Procurement Services

Contract Memo

Buyer/ Contract Administrator: CarolLynne Inman		Date: 2/3/17
Department Name: CINJ - Janet Lasin		Requisition #: 84020941
Supplier Name: EBSCO		
Contract Summary: Renewal of EBSCO Health Library, Cancer Cetner of Excellence and Medical Animations database.		
Contract Start Date: 3/1/2017		Contract End Date: 2/28/2018
Contract Amount: \$ 10,711.00	Amendment/ Extension Yes <input type="checkbox"/> No <input type="checkbox"/>	Total Value of Contract (if amendment/ extension): \$
Procurement Authority: <input type="checkbox"/> Under \$5000 <input type="checkbox"/> Informal Bid <input type="checkbox"/> RFP # _____ <input checked="" type="checkbox"/> Sole/ Single Source <input type="checkbox"/> GPO Contract # _____ <input type="checkbox"/> State Contract # _____ <input type="checkbox"/> Other/ Comment _____		Contract Negotiations/ Modifications (Provide detailed explanation and attach additional sheets if necessary): Library has been in use since March 2011 and does not have record in Market Place that a signature is required. Last year's order form was signed by Director of Purchasing. Now signature is required for invoice to be processed.
Verified Supporting Documents (Check all that apply): <input type="checkbox"/> BAA <input type="checkbox"/> Emails w/ _____ <input type="checkbox"/> ICED <input type="checkbox"/> Informal Bid Justification <input type="checkbox"/> RFP Award Recommendation <input checked="" type="checkbox"/> Sole/ Single Source (attach) <input type="checkbox"/> Quote(s) <input type="checkbox"/> Unauthorized Memo <input type="checkbox"/> Other/Comment _____		

Documents for signature (Check all that apply):	
<input type="checkbox"/> Administrative extension	<input type="checkbox"/> Amendment
<input type="checkbox"/> Contract Award Letter	<input type="checkbox"/> IT PSPA
<input type="checkbox"/> PSPA	<input type="checkbox"/> Supplier contract
<input type="checkbox"/> Term contract extension	<input checked="" type="checkbox"/> Other <u>Product Order form</u>

University Procurement Services Management Use Only	
CM <u>[Signature]</u>	Date <u>2/3/17</u>
Director of Procurement Services _____ Date _____	
Comments: <div style="text-align: center; color: red; font-size: 1.5em;">PO# 476511</div>	



10 Estes Street
P.O. Box 682
Ipswich, MA 01938
USA
www.ebsco.com

(978) 356-6500
(800) 653-2726
Fax: (978) 356-5640
information@cpnet.com

Product Order Form

CustID:	ns004020
OrderID:	WSR218866
Date:	12/28/2016

Page 1 of 1

Purchasing Customer

RUTGERS CANCER INSTITUTE OF NEW JERSEY
195 LITTLE ALBANY STREET
NEW BRUNSWICK, NJ, 08901
USA

Billing Address

RUGERS CANCER INSTITUTE OF NEW JERSEY
ACCOUNTS PAYABLE
NEW BRUNSWICK, NJ, 08903
USA

Contact:

JANET LASIN
732-235-9639
janet.lasin@rutgers.edu

Your invoice will be sent to:

Accounts Payable
accountspayable@ca.rutgers.edu

Product Name	Begin Date	Expire Date	Price
HealthLibraryPackage-Video			\$10,711.00
Health Library - Hospital	03/01/2017	02/28/2018	
Cancer Center of Excellence	03/01/2017	02/28/2018	
Nucleus Animations Health Library	03/01/2017	02/28/2018	

Total: \$10,711.00

The above excludes all applicable tax

Currency: US Dollar

Price represented is the cash discounted price for payments received by check or electronic payment. If paying by a method other than check or electronic payment, please inquire for non cash discounted pricing. Payment due upon receipt of invoice. Interest of 1 percent per month charged for payment received later than 30 days after invoice date. eBooks and eAudiobooks ordered are non-returnable and non-refundable.

Terms and Conditions

Customer agrees to terms and conditions of the appropriate EBSCO License Agreement for usage of purchased access or subscription to electronic databases, content and services. If ordering ebooks or audiobooks, customer also agrees to the terms and conditions of the Library eContent Agreement.

Authorized Signature:

Date:

Feb 3, 2017

Print Name:

Stanley S. Makarevic
Director of Procurement Services
& Strategic Sourcing

Title:

Please sign, scan and email this form to: ROBERT SWENSON at rswenson@ebscohost.com

Thank you for your business!

If unable to scan, please fax to: 978-356-5640



University Procurement Services

Request for Sole/Single Source Procurement Form

The Request for Sole/Single Source Procurement Form must be completed for Requisitions where competition is restricted or limited in accordance with the Purchasing Policy. Part I, II, and III must be completed in their entirety and must provide a complete explanation of why the good(s) or services(s) cannot be bid. Please attach additional pages if needed and where required please attach supporting documentation.

The individual providing the explanation (professor, researcher, administrator, etc.) is required to sign off in the first signature line in order to certify the justification. The department Director, Dean, or designated representative must also approve the justification by signing the form.

Attach the completed form and all supporting documentation to the Rutgers Marketplace. Failure to attach the form or submission of incomplete forms will result in the Requisition being returned to the department. This is done to ensure that the Preparer and Approver have reviewed and approved this purchase and the Request for Sole/Single Source Procurement Form.

University Procurement Services must review and approve the Purchase Order prior to the good(s) being shipped or service(s) being provided. University Procurement Services may require additional information and/or may determine that bidding is required.

PART I: Supplier and Goods/Services Information (Must be completed)

Supplier's Name: Ebsco Industries, Inc.

Supplier's Contact Information: 10 Estes Street, PO Box 682, Ipswich, MA 01938 800-653-2726

Brief Description of Goods or Services: Health Library and Cancer Center of Excellence Database

If other products have been evaluated and deemed unsuitable, please indicate supplier, item and your rationale for exclusion. Please provide any relevant contact information, correspondence or price quotations you have received concerning other products/services considered. If none were considered please indicate with N/A: NA

PART II Justification (Must be completed) Select one or more of the following statements (check the box) why this purchase is precluded from the competitive bid process. Provide additional explanation as required.

1. ☒ Goods or services can be obtained from only one (1) supplier. Describe the unique characteristics of the product or service. This database provides consumer information on health and cancer topics along with 3D medical animations. The library has been using this database to help fulfill the patient education requirements for over 10 years.
2. ☐ Technical services in connection with the assembly, installation or servicing of equipment of a highly technical or specialized nature. Provide explanation of services required and why another supplier cannot be used.
3. ☐ Repair/Maintenance service requires expertise in operations on unit. Necessary parts unavailable from any source except original equipment manufacturer or their designated servicing dealer. Provide explanation of expertise or documentation supporting that this is the only designated dealer.
4. ☐ Upgrade to proprietary software or hardware. Available only from the producer of the software or hardware who sells on a direct basis only. Provide documentation showing that this is the only supplier that sells the software or can perform the upgrade.
5. ☐ Change order requests not covered under existing contract where current supplier is best positioned based on skill, knowledge, familiarity with the project and cost savings to provide the extra work. The cost of such extra work shall not exceed 20 % of the present contract amount.
6. ☐ Must match existing piece of equipment available only from the same source of original equipment. Provide documentation from supplier supporting that no other supplier can supply this.
7. ☐ Use of this supplier is required by contract/agreement or granting or other governing agency. Please attach a copy of the award page or requirement page referencing this requirement.

Revised November 21, 2016

Request for Sole/Single Source Procurement Form

8. ☐ Purchase of used or demonstration equipment available at a lower-than-new cost. Provide cost for price of equipment if purchased as new.
9. ☐ Favorable Terms: Goods or services can be obtained at the lowest price through a primary source of supply. Please explain.
10. ☐ Lease of space, machinery, equipment, buildings or real estate as required to conduct the business of the university.
11. ☐ Public Exigency: Life, safety or health of the public must be sustained through the immediate delivery of products or performance of services. Procurement is limited to the duration to address/remedy the exigency. A critical agency mandate, statutory or operational requirement must be fulfilled immediately. Please explain the emergency circumstances.
12. ☐ Pilot project, trial or experiment: Department wishes to test or experiment with new equipment or service. Requires execution of a product/service trial agreement before start of trial, pilot project or experiment. Provide a brief explanation
13. ☐ Standardization of a component on the basis of compatibility or maintenance reliability. Please explain.
14. ☐ Contract with public entity or governmental unit: Department must set forth the reason(s) for contracting with public entity or governmental unit.
15. ☐ Professional and Technical Services: The procurement of professional and technical services should be conducted through a competitive bid process unless the requesting department, school or unit can demonstrate that such services, due to unique or special circumstances, can't be procured through a competitive bid process. Attach resume or curriculum vitae for individuals. Please explain.

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1. ☐ Administrative extension of current contract. Please explain.
2. ☐ Failed bid: Competitive bids were solicited and, no responsive bid is received, or only a single responsive bid is received and is rejected. Provide copy of RFP or informal bid request, non responsive answers, and, if one bid was received copy of the bid and reason for why it was rejected. This justification must be completed by University Procurement Services.

PART III: Reasonable Price Establishment (Must be completed) Select one or more of the following statements (check the box) to explain why you feel the accepted price is fair and reasonable. Provide/Attach supporting documentation as required.

1. ☐ The price was obtained from a catalog, standard price list or is standard pricing that this supplier charges for like items and/or services sold to the general public. (Catalog or price list must be provided or be on file.)
2. ☐ The quoted prices are lower than prices available to the general public and reflect substantial savings or are equal to or lower than those offered to any government agency or private institution. Attach price list.
3. ☐ The quoted prices compare favorably to market prices, or to previous prices obtained and found to be fair and reasonable, which were paid for the same or similar items on: (Date) / / , (PO) , (RFQ/RFP/Bid#) ; Method used to determine pricing (website search, etc)
4. x ☐ Item or service is so unique there is no reasonable comparison. Please explain your rationale and the process you used to determine this (website review, email from supplier, etc and please provide copies) This database provides consumer information on health and cancer topics along with 3D medical animations. This information meets the specific needs of

our patients.

PART IV: Department Contact and Certification

I certify that to the best of my knowledge I have investigated and found that the above reasons and explanations justify waiver of competitive bidding, and the reasonableness of the price. I am the individual who has gathered and provided this detailed information and any further questions regarding these details can be directed to my attention. I certify that this purchase will not present a conflict of interest as defined by university policy and that I have received no gifts or gratuities from this supplier.

Janet Lasin 1/31/17
SIGNATURE DATE

Name: Janet Lasin Title: Program Support Coordinator

Department: CWJ Ambulatory Services Phone: 732 235-9639

Email: janet.lasin@rutgers.edu

Approval from the Director, Dean, or their designated representative (Required):

Janet Cordis-Pell 1/31/17
SIGNATURE DATE

Name: Janet Cordis-Pell Title: Executive Director

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Sole/Single Source Number: _____ Amount of Sole/Single Source Request: _____

Period/Term of Sole/Single Source Request: _____

Reviewed and Approved by:

BUYER'S SIGNATURE DATE

Reviewed and Approved by:

SIGNATURE OF CATEGORY MANAGER DATE

Approved by:

SIGNATURE OF SENIOR CATEGORY MANAGER DATE

Approved by:

DIRECTOR OF PURCHASING AND STRATEGIC SOURCING SIGNATURE DATE
or EXECUTIVE DIRECTOR OF UNIVERSITY PROCUREMENT SERVICES




University Procurement Services

Request for Sole/Single Source Procurement Form

Board of Governor's Approval Yes ☐ No ☐

Revised November 21, 2016

Summary - Requisition 84020941

General		Shipping	Billing
Status	 Pending Purchasing Approval (Carol-Lynne Inman)	Ship To Contact Name Janet Lasin Room 2500 Cancer Institute of NJ 195 Little Albany Street New Brunswick, NJ 08901 United States	Bill To Accounts Payable PO Box 2686 New Brunswick, NJ 08903 United States
Description	ebsco renewal 2017		
Submitted	1/31/2017 4:15 PM		
Cart Name	563036		
Prepared by	Janet Lasin		
Requestor Name	Janet Lasin		
Requestor Phone	732-235-9639		
Requestor e-mail	janet.lasin@rutgers.edu		
PO Clauses			
	<i>no clause</i>		
Business Associate Agreement Required?	<i>no value</i>		
Internal Work Order Number	<i>no value</i>		
Internal Project Tracking Number	<i>no value</i>		
Payment Method Override	<i>no value</i>		
Invoice Payment Priority Override	<i>no value</i>		

Accounting Codes**GL String**

Unit	Division	Organization	Location	Fund Type	Business Line	Account	Activity	RU Initiative
<i>no value</i>	<i>no value</i>	<i>no value</i>	<i>no value</i>	<i>no value</i>	<i>no value</i>	<i>no value</i>	0000 None	<i>no value</i>

Project String

Project ID	Task	Expenditure Type	Expenditure Organization	Location	Business Line	Activity	RU Initiative
812390	800:812390	52950	71553652711	2220	3425	0000	<i>no value</i>
Resource & Learning	Resource & Learning	Office Supplies General	71553652711	Cancer Institute of New Jersey	Institutional Research Support	None	

Center at Center at
CINJ 812390 CINJ 812390

Internal Notes and Attachments

Internal Note *no note*
Internal Attachments
EBSCO renewal for... (13k)


External Notes and Attachments

Note to all Suppliers *no note*
Attachments for all suppliers

Supplier / Line Item Details**EBSCO Industries Inc**

Ipswich01
10 Estes Street, PO Box 682, Ipswich, MA 01938 US

Contract *no value*
PO Number To Be Assigned

Product Description	Catalog No	Size / Packaging	Unit Price	Quantity	Ext. Price
1 Database renewal for Health Library 16 pkg. Nucleus Animations, Cancer Center of Excellence & Health Library - Hospital. 		1/EA - Each	1.00 USD	10,711 EA - Each	10,711.00 USD
		Commodity Code	IT Software & Maintenance	Internal Note	<i>no note</i> Internal Attachments
Supplier subtotal					10,711.00
Shipping					0.00
Handling					0.00
Supplier total					10,711.00USD

Shipping, Handling, and Tax charges are calculated and charged by each supplier. The values shown here are for estimation purposes, budget checking, and workflow approvals.	Subtotal	10,711.00
	Shipping	0.00
	Handling	0.00
	Total	10,711.00 USD



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USA
www.ebsco.com

(978) 356-6500
(800) 653-2726
Fax: (978) 356-5640
information@epnet.com

Product Order Form

CustID: ns004020

OrderID: WSR132417

Date: 01/08/2016

Page 1 of 1

Purchasing Customer
RUTGERS CANCER INSTITUTE OF NEW JERSEY
195 LITTLE ALBANY STREET
NEW BRUNSWICK, NJ, 08901
USA

Billing Address
RUGERS CANCER INSTITUTE OF NEW JERSEY
ACCOUNTS PAYABLE
NEW BRUNSWICK, NJ, 08903
USA

Contact:
JANET LASIN
732-235-9639
janet.lasin@rutgers.edu

Your invoice will be sent to:
JANET LASIN
janet.lasin@rutgers.edu

Product Name	Begin Date	Expire Date	Price
HealthLibrary16Package			\$10,295.00
Nucleus Animations Health Library	03/01/2016	02/28/2017	
Cancer Center of Excellence	02/29/2016	02/27/2017	
Health Library - Hospital	02/29/2016	02/27/2017	

Total: \$10,295.00

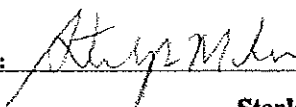
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Authorized Signature: 

Date: Jan 26, 2016

Print Name:

Stanley S. Makarevic
Director of Procurement Services
& Strategic Sourcing

Title:

Please sign, scan and email this form to: ROBERT SWENSON at rswenson@ebscohost.com

Thank you for your business!

If unable to scan, please fax to: