**CRITERIA USED TO SELECT THIS VENDOR:**

Has the agency contracted out for these services or end products during the preceding two years?

**Yes** **[ ]  No [ ]**

Name of previous contractor(s)?

Term of previous contract? **From:** **To:**

Cost of previous contract? **$**

Total # of years contracting with this provider?

Date of last RFP?

**IF THIS CONTRACTOR WAS SELECTED THROUGH A NON-COMPETITIVE PROCESS OR IF A WAIVER FROM THE COMPETITIVE PROCESS IS BEING REQUESTED:**

Explain the process used to determine the rate that will be paid to the contractor:

Does the cost to the State of a competitive solicitation process outweigh the benefits of such a process? (Yes, for contracts with a value of less than $100,000) **Yes [ ]  No [ ]**

Are the services mandated by CT General Statutes, a public act, or a special act? **Yes [ ]  No [ ]**

**Cite Specific Reference:**

Are these emergency services needed for the protection of life or health? **Yes [ ]  No [ ]**

Does the contractor have special capability, unique experience, proprietary services, or patent rights? **Yes [ ]  No [ ]**

Explanation of special capability, unique experience, proprietary services or patent rights.

Program Waiver – Service type received a “Program Waiver” in Procurement Plan or involves on or more program waiver factors listed in the Procurement Standards. **Yes [ ]  No [ ]**

Please describe: