

REQUEST FOR INFORMATION UCONN HEALTH OVERVIEW UCHC RFI-00 Form

Rev. 10/15

Buyer

UNIVERSITY OF CONNECTICUT HEALTH CENTER

Procurement Operations & Contracts 263 Farmington Avenue, MC4036 Farmington, CT 06032-4036

E-mail Address

Telephone Number

Fax Number

RFI NUMBER:	DUE DATE:	DUE TIME:
		EST
RFI TITLE:		

UConn Health Overview

UConn Health is a vibrant, integrated academic medical center based in Farmington, Connecticut – a popular suburb of the state's capitol of Hartford. UConn Health is home to the School of Medicine, School of Dental Medicine, John Dempsey Hospital, UConn Medical Group, UConn Health Partners, University Dentists and a thriving research enterprise

UConn Health is at the center of Bioscience Connecticut, which will strengthen Connecticut's position as a national and global leader for bioscience innovation and improve access to quality health care for Connecticut citizens for generations to come.

With approximately 5,000 employees, UConn Health is a major economic driver in the region. It is closely linked with the University of Connecticut's main campus in Storrs through multiple, cross-campus projects.

The goods and/or services that UConn Health is seeking to obtain through this RFI will support UConn Health's mission of helping people achieve and maintain healthy lives and restoring wellness/health to maximum attainable levels.

Additional information about UConn Health's health care services, educational programs, research, community outreach, campus, Board of Directors, executive and administrative leadership, and mission, vision, values and goals are available on the UConn Health website, at http://www.uchc.edu/about/index.html.



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RESPONSE INSTRUC	CTIONS:	
INTENT:		



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OBJECTIVES OF UCONN HEALTH:	
TIMETABLE:	
EVALUATION CONSIDERATIONS:	



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SUPPLIER INFORMATION:

Street Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Fax Number:	
Website Address:	
Federal Taxpayer ID:	
Duns Number:	
Date Business Founded:	
Number of Employees:	
Company Annual Sales:	
Small Business Status:	
Contact Person -	
Name:	
Title/Position:	
Phone Number:	
Cell Number:	
Fax Number:	
Email Address:	
PEEEDENGEG	
REFERENCES:	



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OPEN FORUM:		