



## JUSTIFICATION AND APPROVAL FOR ALLOWING AWARD OF CONTRACT WITHOUT COMPETITION

*(Section A must be completed by the User Department and then submitted to the Department of Purchasing & Contract Compliance)*

### **SECTION A**

**Department:** *Fire Rescue*

**Department Contact:** *Reginald S. Smith, Administrative Coordinator II*

**Description of Supplies/Services:** *LifePak 15 Defibrillators*

1. 99577-001955 – LP15v4 Monitor/Defib, CPR, Pace, to 360j, SPO2, 12L GL, NIBP, CO2, Trend, BT. The LifePak 15 is an Adaptiv Biphasic Fully escalating (to 360 joules) Multi-Parameter Monitor/Defibrillator. Included at no charge: 2 pair of Quik-Combo Electrodes per unit – 11996-000091, test load – 21330-001365, in service DVD – 21330-001486, Service Manual CD-26500-003612 (one per order) and ShipKit – 41577-000138. Hard Paddles, batteries and carrying case not included.
2. 11141-000115 – Base-Redi-Charge Mobile Battery Charger
3. 11140-000015 AC Power Cord
4. 11140-000052 – LP 15 Adapter-Redi-Charge Battery Charger
5. 11171-000046 – M-LNCS DCI, Adult Reusable Sensor, REF 2501
6. 11160-000003 – NIBP CUFF-Reusable, Child
7. 11160-000007 – NIBP CUFF-Reusable, Large Adult
8. 11577-000002 – LifePak 15 Basic Carry Case w/ right & left pouches (includes shoulder strap 11577-000001)
9. 11220-000028 – Top Pouch (storage for sensors and electrodes; insert in place of standard paddles)
10. 11260-000039 – LP 15 Rear Pouch for carrying case

### **Demonstration of Contractor's Unique Qualifications:**

**Indicate the category for the basis of award of a contract without competition:** *The award of contract without competition is based upon the fact that Medtronic Physion Control is the sole vendoe that can provide the direct service as needed and requested.*

**Describe what work the contractor has been performing:** *Medtronic Physio Control has performed major repairs to LifePak Defibrillator units for Fulton County Rescue in the past.*

**Describe the contractor's unique qualifications to perform the work/provide the service:** *Medtronic Physio Control specializes in service for preventive maintenance and calibration on defibrillators and heart pumps.*

**Indicate whether the item was originally procured through a competitive process:** *No*

**Indicate the problem or impact to the County if this item is not approved:** A significant impact is placed on Fire Rescue and Fulton County with lack of the LifePak 15's and upgrade of the LifePak 12's. These units play a vital role in rescue and emergency services.

**Include documentation from Contractor citing the justification:** The sole-source provider letter from vendor (Physio Control) is included.

**(Section B must be completed by the Department of Purchasing & Contract Compliance)**

**SECTION B**

**MARKET SURVEY**

**Date Public Notice posted on website: Friday, June 12, 2015**

**Date Public Notice closed: Thursday, June 18, 2015**

**REVIEW OF OFFER(S)**

**Were any offers received (Y/N):**

**Number of offers received:**

**Respondents:**

**Date Offers submitted to User Department for review:**

**User Department review and recommendation:**

**Purchasing Agent review and recommendation:** *Include whether a competitive process is being recommended & estimated date of solicitation.*

## CERTIFICATION

Having conducted a good faith review of source availability regarding the materials, goods and or services stipulated herein, subsequent to consultation with the County Manager and the recommendation of the User Department, it has been determined that there is only one source available for the required work, labor or service to be done or the supplies, materials, or equipment to be furnished, per the Fulton County Code of Ordinances §102-384, Award without competition.

I, Felicia Strong-Whitaker, Interim Purchasing Director, certify that the facts and representations under my cognizance which are included in this justification and its supporting documentation which form the basis for this justification are complete and accurate.

\_\_\_\_\_  
Felicia Strong-Whitaker  
Interim Purchasing Director

\_\_\_\_\_  
Date

I, Dick Anderson, County Manager, certify that the facts and representations under my cognizance which are included in this justification and its supporting documentation which form the basis for this justification are complete and accurate.

\_\_\_\_\_  
Dick Anderson  
County Manager

\_\_\_\_\_  
Date