

JUSTIFICATION FOR SOLE SOURCE CERTIFICATION

Sole Source Purchases are defined clearly, based upon a legitimate need, and are limited to a single supplier. Sole source purchases are normally not allowed except when based upon strong technological grounds such as operational compatibility with existing equipment and related parts or upon a clearly unique and/or cost effective feature requirement. The use of sole source purchases must be justified and shall be limited only to those specific instances in which compatibility or technical performance needs are being satisfied.

Sole Source Services are defined as a service provider providing technical expertise of such a unique nature that the service provider is clearly and justifiably the only practicable source available to provide the service. The justification shall be based on the uniqueness of the service, sole availability at the location required, or warranty or defect correction service obligations of the service provider.

This form must be filled out for the request to purchase any good or non-professional service that requires a competitive procurement process (informal quotes (\$1001-\$10,000), formal quotes (\$10,001 - \$19,999.99), or formal bid (\$30,000 or more) as defined in the LFUCG's Purchasing Manual. This form must be completed in its entirety and attached to the purchase requisition.

Note: Sole Source Purchase requests for goods exceeding \$30,000 will require approval by the Urban County Council by submitting an Administrative Review Form. A copy of this form must be signed off by Central Purchasing and attached to the Administrative Review Form.

Requesting Division

Name	Assistant Chief Joey Harris		Division/Dept_	FIRE
Phone	859.327.0554	Email	harrisg@lexing	tonky.gov
Type of	f Purchase: (x) Goods/Mate	rials/Equipment	() Services	
Cost: _	\$168,038.37			
Sole So	ource Request for the Purcha	ase of: (3) Styrke	er Power Pro2 st	retchers and Power-LOAD
systems	S			
□ One	e Time Purchase	(subjec	t to annual review	e Provider Contract v and approval by Central n County Council)
	or Information ss Name <u>Stryker Emergency</u>	Care-Central Ke	entucky	
Contac	t Name <u>Andrea Quigley - Acc</u>	count Manager		
Addres	s 2825 Airview Boulevard Ka	lamazoo, MI 490	02	 ;
Phone	502.939.6166	Email andrea.c	uigley@stryker.e	com



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STATEMENT OF NEED: (Add additional pages as needed)

My division/department's recommendation for sole source is based upon an objective review of the product/service required and appears to be in the best interest of the LFUCG. I know of no conflict of interest on my part, and I have no personal involvement in any way with this request. No gratuities, favors, or compromising actions have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials, persons or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers to exist.

1. Describe the product or service and list the necessary features this product provides that are not available from any other option.

Currently all LFD EC units are equipped with Stryker products. We also maintain an annual maintenance contract for the equipment we own that will include the requested new purchases as well. The stretchers are also only interchangeable with the power loads requested. Please see additional forms providing details supporting Styrker as the sole manufacturer.

SL	supporting Styrker as the sole manufacturer.			
2.	Below are eligible reasons for sole source. Check one and describe.			
	☐ Licensed or patented product or service. No other vendor provides this. Warranty or defect correction service obligations to the consultant. Describe why it is mandatory to use this licensed or patented product or service.			
	☑ Existing LFUCG equipment, inventory, custom-built information system, custom-built data inventory system, or similar products or programs. Describe. If product is off-the-shelf, list efforts to find other vendors (i.e. web site search, contacting the manufacturer to see if other dealers are available to service this region, etc.)			
	☐ Uniqueness of the service. Describe.			
	☑ The LFUCG has established a standard for this manufacturer, supplier, or provider and there is only one vendor. Attach documentation from manufacturer to confirm that only one dealer provides the product.			
	☐ Factory-authorized warranty service available only from this single dealer. Sole availability at the location required. Describe.			
	☐ Used item with bargain price (describe what a new item would cost). Describe.			
	☐ Other – The above reasons are the most common and established causes for an eligible sole source. If you have a different reason, please describe:			



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3. Describe efforts to find other vendors or consultants (i.e. phone inquires, web site search, contacting the manufacturer to see if other dealers are available to service region, etc.).
Stryker is the sole manufacturer of the products being purchased. Stryker has only one central
Kentucky account manager of whom we are currently conducting business with.

4. How was the price offered determined to be fair and reasonable? (Explain what the basis was for comparison and include cost analyses as applicable.)

The division of Fire's original purchase of the Stryker stretcher systems originated in 2015. We have maintained a service agreement since then. It is this relationship and the potential cost associated with replacing all stretchers to be interchangeable between the EC units as it is now with Stryker that we feel the cost is apporpriate.

5. Describe any cost savings realized or costs avoided by acquiring the goods/services from this supplier.

There is a cost savings utilizing the Stryker system to maintain interchangeability between the EC units.