



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 (\$20,000 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 \$20,000 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 Chad Traylor Division/Dept Fire

Phone 859-231-5644 Email traylorc@lexingtonky.gov

Type of Purchase: Goods/Materials/Equipment Services

Cost: \$133,320.00

Sole Source Request for the Purchase of: Lucas 3 Chest Compression System

One Time Purchase

To Establish Sole Source Provider Contract
(subject to annual review and approval by Central Purchasing and/or Urban County Council)

Vendor Information

Business Name Stryker

Contact Name Andrea Quigly

Address 11811 Willows Road, Redmond, WA 98073

Phone 502-939-6166 Email andrea.quigley@Stryker.com

STATEMENT OF NEED: (Add additional pages as needed)



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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.

The Lucas 3 is purchased direct from the manufacturer. It is standard equipment carried on all Fire Dept Ambulances. Some of the older units are nearing the end of their service life and maintenance costs necessitate replacing. This equipment is a proven life saver.

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.).

Purchase is from the only authorized dealer in the United States

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.)

We are given a discounted price \$2,428.50 less than the MSRP.

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

Allow s a discount for trade ins on our older obsolete equipment.



Sara Lindroth
Managing Director Jolife AB
Director, Circulatory Solutions Marketing
Physio-Control/Stryker Medical

Jolife AB / Physio-Control, now part of Stryker
Scheelevagen 17, Ideon Science Park
SE-223 63 Lund, Sweden
Tel: +46 733 44 76 72
Sara.lindroth@stryker.com

Memo

Date: August 28, 2018

Re: LUCAS Chest Compression System Sole Source Manufacturer and Distributor Letter

To Whom It May Concern:

This is to inform you of the nature of the relationship of Physio-Control and Stryker with Jolife AB.

Jolife AB, located in Lund, Sweden, is the legal manufacturer of the LUCAS Chest Compression System. Jolife AB is a wholly owned subsidiary of Physio-Control, which is a part of Stryker.

Jolife AB hereby certifies that Physio-Control / Stryker Inc., is the sole source distributor of the LUCAS Chest Compression System in the US.

If you have any further questions, please do not hesitate to contact me.

Sincerely,



Sara Lindroth