

City of Killeen
Sole/Single Source Purchase Form

Vendor Name: Ferno

Vendor Contact: Kris Turner

Phone: 661-229-5049 FAX: _____

Check one: This is a recurring procurement from 05/15 to 05/16 (cannot exceed 1 yr)
(mm/yy) (mm/yy)

OR

This is a one-time procurement for this product or service. (Cost _____)

Purpose: You will complete this form for procurements where the basis for the vendor selection is:

- 1) Only one *specific* supply or service that can reasonably meet your need
- 2) Only one vendor who can reasonably provide that supply or service

You MUST meet BOTH criteria to have a sole-source procurement.

You MUST meet criteria #1 to have a brand name sole source procurement.

Date of Request 7/14/15 Requisition or PO Number: _____

Requesting Department: Fire

Contact Name: Lorianne Revilla

Phone: 254-501-7696 Fax: _____

E-Mail: Lrevilla@killeentexas.gov

Before a decision can be made to approve a request for Sole Source procurement, the following information is needed. Please provide all of the requested information on this form and submit it to the Purchasing Manager.

Note: A sole source justification cannot be based on price alone. If sole source is approved, your department will be required to make a determination that the price is fair and reasonable. Please submit applicable information on this form.

Note: If additional space is required, use additional sheets of paper and submit with this completed form.

1) NEEDS STATEMENT –

Describe in detail the product and/or service to be procured and how they meet your needs.

This sole source request is for the procurement of four iNX intelligent Transport Loading Systems with accessories. The iNX intelligent transport loading systems are better known as the ambulance stretcher used to load, lift and carry patients during transport.

2) FEATURES REQUIREMENTS –

What unique design/performance features does this product/service have that are essential to your requirements? Please provide a brief yet technical explanation as to why these features are essential. Provide the manufacturer and model of your existing equipment. List the major features/capabilities of the product/service that are required:

The iNx intelligent Transport Loading System allows you to transport a patient load up to 700lbs without lifting and its dual powered actuators maximizes tip stability. The iNx allows you to navigate the stretcher with just a push of a button; it also has an integrated lighting system that allows you to see and be seen in the dark and during hazardous conditions. The iNx also has programmable load heights, level patient surface to enhance procedural care and universal accessory rails.

3) COMPETING BRANDS INVESTIGATED –

What other suppliers did you contact? Did you consider other products or services with similar capabilities? Indicate the specific brands/models of competitors' products that were investigated and describe why, specifically, they do not meet some, or all, of the FEATURES REQUIREMENTS listed in Item #2. Requestor needs to state that to the best of his/her knowledge, these are the only companies that make this type of equipment. Please list sales representatives and telephone numbers so we may contact these vendors to verify that other products do not meet your needs.

No other suppliers were contacted since the Fire Department currently uses the iNx intelligent Transport Loading System in their ambulances.

4) BRAND NAME SOLE SOURCE –

Is the specific brand/model of product being recommended for procurement available from more than one source (i.e., dealers, distributors)? () Yes (x) No

If "Yes", this will be processed as a brand name sole source. Please provide the company names of known sources:

5) CONFLICT OF INTEREST STATEMENT -


The Department must have the vendor verify that there is no real or potential Conflict of Interest (CIQ) in recommending this product and/or service as a Sole Source procurement. If there is any potential for Conflict of Interest, the vendor is responsible for filling out a CIQ questionnaire.

6) SOLE SOURCE PURCHASE JUSTIFICATION MEMO-

Attach the memorandum from the vendor which addresses the five (5) criteria for justification of a sole source purchase, mentioned above.

Department Approval:

By signing below, the Department is certifying that the information submitted on this form is accurate. The final determination of sole source or brand name sole source will be made by the City Manager.

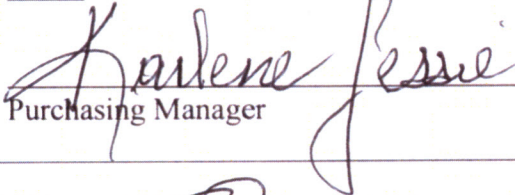

Signature (Department Head)

7-28-15
Date

FOR PURCHASING DIVISION USE ONLY

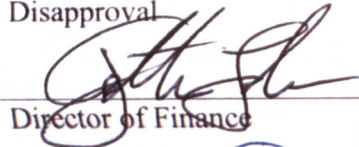
RECOMMENDATION:

- Sole source approved – purchase as requested.
- Brand name approved – issue bid on a “no substitutes” basis.
- Sole Source not approved – issue bid using performance specifications.


Purchasing Manager

8/10/15
Date

Recommend: Approval or Disapproval


Director of Finance

8/18/15
Date

Comments

Recommend: Approval or

Disapproval

Approval

Barly

City Attorney

8-18-15
Date

see below
Comments

Approved or Disapproved

John

City Manager

8/18/15
Date

Comments

Per my conversation today w/ DC Simmons, the ambulances go out of service regularly + they need to be able to move the stretchers between units. The bracket/charging mount is ~~not~~ installed at the factory and therefore cannot be changed out. The brackets/chargers only fit these stretchers + are not interchangeable w/ any other brand.

Needs to go to council for purchase approval.



P 937.382.1451
F 937.382.1191

70 Weil Way
Wilmington, Ohio 45177

877.733.0911
www.ferno.com

July 9, 2015

Frank Tydlacka
Fleet Services - City of Killeen
201 North 28th Street
Killeen, TX 76541

Re: Sole Source Agreement

Dear Mr. Tydlacka,

Following our recent conversations, we are pleased to establish a direct supply relationship with the City of Killeen. As the market leader and only producer of the iNfX Integrated Patient Transport & Loading System, Ferno is uniquely qualified to serve as a sole source for this item.

There is no real or potential Conflict of Interest in recommending this product and/or service as a Sole Source procurement.

We thank you for your interest in Ferno, and look forward to strengthening our partnership with the City of Killeen.

Please let us know how we may assist further, and we look forward to receiving your order.

Sincerely,

A handwritten signature in black ink, appearing to be 'K. Turner', followed by a horizontal line.

Kris Turner
Director, US EMS Sales - West Region
Ferno-Washington, Inc.
(661) 229-5049