

City of Killeen
Sole/Single Source Purchase Form

Vendor Name: Physio-Control

Vendor Contact: Chad Lewis

Phone: 210-884-0891 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 LIFEPAK 15 V4 Monitor/Defibrillators along with four charging systems, carrying cases, adult and pedi reusable sensors and 16 batteries. These items are required for emergency response use to treat cardiac patients and will be stored in the ambulances.

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 LIFEPAK 15 monitor/defibrillator has more advanced monitoring parameters that allows you to detect hard-to-diagnose conditions and improve patient care with noninvasive monitoring of carbon monoxide, SpO2 and methemoglobin. The LIFEPACK 15 has advanced support for treating cardiac patients and allows you to share critical patient data with multiple hospitals in the region. The LIFEPAK 15 also features 360J biphasic technology, which gives you the option of escalating your energy dose up to 360J for difficult-to-defibrillate patients and also provide CPR guidance. These features are imperative when it comes to saving the lives of the citizens of Killeen in a timely and effective manner.

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 uses LIFEPAK 15 monitor/defibrillators in their ambulances and on site already.

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 -

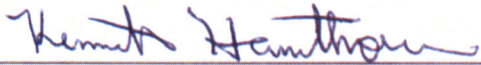
The Department must have the vendor verify that there is no real or potential Conflict of Interest (CIQ) in recommending this product and/or service as a Sole Source procurement. If there is any potential for Conflict of Interest, the vendor is responsible for filling out a CIQ questionnaire.

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.



7-28-15

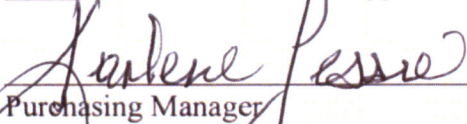
Signature (Department Head)

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.



8-10-15

Purchasing Manager

Date

Recommend: Approval or Disapproval

Director of Finance

Date

Comments

Recommend: Approval or Disapproval

City Attorney

Date

Comments

Approved or Disapproved

City Manager

Date

Comments

For DC Simmas, it is necessary to have a standard defibrillator so EMTs are not having to struggle while providing life-saving care. It is in the best interest of the patients for there to be a single type of machine that everyone providing care is trained to use. This will maximize patient care, while minimizing the potential for mistakes.

Needs to go to council for purchase approval



Physio-Control, Inc. | Lifesaving starts here.™

ADDRESS

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Redmond, WA 98052

PHONE

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425 867 4000

TOLL-FREE
800 442 1142

www.physio-control.com

July 15, 2015

Lorianne Revilla
Finance Manager
City of Killeen Fire Department
201 N. 28th St.
Killeen, TX 76541
lrevilla@killeentexas.gov

Dear Ms. Revilla,

In response to your recent request, I am writing to confirm that Physio-Control, Inc. is the sole source provider in your marketplace for:

- New LIFEPAK® 15, 20e, and 1000 devices
- Our factory refurbished line of RELI devices
- LIFENET® Data Management Solutions
- The LUCAS® 2 Chest Compression System
- Factory-authorized inspection and repair services which include repair parts, upgrades, inspections, and repairs
- The PulsePoint Agency System

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

Physio-Control does not authorize any resellers to sell these products or services in your marketplace. We will not fulfill orders placed by non-authorized businesses seeking to resell our products. If you have questions, please feel free to contact your local Physio-Control sales representative or 1-800-442-1142.

Best regards,

Alexandra Carvalho
Contract Analyst
Physio Control, Inc.
11811 Willows Road NE
Redmond, WA 98052-2003
rs.physiocontracts-south@physio-control.com