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Resource Management Department  
Purchasing and Contracts Division

1301 East Second Street • Sanford, FL 32771  
Phone: 407-665-7116 • Fax: 407-665-7956

**DATE: March 13, 2024**

**SUBJECT: JUSTIFICATION TO WAIVE THE COMPETITIVE PROCUREMENT  
PROCESS**

*(IAW Purchasing Admin Code Section 3.5523)*

**OVERVIEW:**

On rare occasions there may be a need to purchase goods or services from one vendor/contractor without a formal bid or requesting competitive quotes. PCD will advise when a particular competitive review process may both serve the County better and/or be required by governing law. These requests should not be made unless they are appropriately justified to meet legal requirements and can withstand a possible audit.

To process a Sole/Single Source requisition through purchasing, PCD encourages you to review the criteria necessary for Sole/Single Source determination. If you feel your request meets such criteria, follow the instructions in filling out the form and attach it to your requisition. The request will be reviewed by PCD.

Note: Dealer competition for a Sole Source manufacture does not qualify as competitive procurement specifications.

**SOLE SOURCE PURCHASING:**

The only existing source that meets the needs of the User Department as determined by a thorough analysis of the marketplace and is supported by compliance with the appropriate information, as stated in Section 60, Title L-8 of the County Manager's Policies.

**SINGLE SOURCE PURCHASING**

The one source among others that, for justifiable reason, is found to be most advantageous for the purpose of the procurement and is supported by compliance with the appropriate information, as stated in Section 60, Title L-8 of the County Manager's Policies.

**Determination Checklist**

1. Is the commodity/service necessary to accomplish the task or mission?  
Yes ☒ No ☐
2. Is the commodity/service the only item that will produce the desired results or possess a unique performance capability? Yes ☒ No ☐
3. Is the commodity/service available from only one source of supply?  
Yes ☒ No ☐
4. If the commodity or service is available from more than one vendor, but due to extreme circumstances, is the vendor the only one suited to provide the goods/services? Yes ☐ No ☒

**Seminole County  
Purchasing and Contracts Division**

Note: Sole/Single Source Requests are not maintained as a standing request. Each request is for a single one-time purchase only, unless approved by the Board of County Commissioners.

☐ SINGLE SOURCE

☒ SOLE SOURCE

Requestor: Gregory Harlow Phone No.: 407-665-5184 Date: 03/13/2024

Department: Fire Department Division: Fire/EMS Operations

Description of Item/Services: Neuroprotective Head Up CPR is a fundamental change in the approach used during a cardiac arrest situation. This turn-key workforce training package includes all comprehensive education and training along with all the tools needed to deploy this technology. Training will include 78 Seminole County Fire Department students as well as 26 EleGARD Systems with disposable covers and 78 ResQPOD devices.

1. Please indicate the following:

Procurement:      ☒ Goods  
                         ☒ Services

2. Vendor Information (*Attached Completed W-9*):

Vendor Name: MED Alliance Group, Inc

Address: 2175 Oakland Drive City: Sycamore, State: IL

Phone Number: (888) 891 -3722 Fax: (630) 599-1327

Contact Person: Melissa M Bahr Title: ACS Florida Program Director

E-Mail Address: melissabahr@elevatedcpr.com

3. Provide a description of the goods/services to be purchased and why waiving the competitive process is necessary.

a) Why were product and/or vendor chosen?

The products and vendor were chosen because the Florida Department of Health identified Med Alliance Group and Advanced CPR Solutions as the sole source to satisfy the Neuroprotective CPR Workforce Training and supplies required thru FDOH SOW 23-347.

b) What are the unique performance features of the product/brand requested that are not available in any other product/brand? For Services: what unique qualifications, rights, and licenses does the vendor possess to qualify as a Sole Source/Single Source/request?

The Florida Department of Health identified Med Alliance Group and Advanced CPR Solutions as the sole source to satisfy the Neuroprotective CPR Workforce Training and supplies required thru FDOH SOW 23-347.

c) Conduct and provide a Cost Benefits Analysis that supports paying a non-competitive price:

The Florida Department of Health has selected this vendor as a sole source in providing training and supplies to satisfy the requirements of this Neuroprotective CPR Workforce Training. If this Vendor is not chosen, we will be unable to satisfy the terms of SOW 23-347.

#### **ITEMS (d – h) REQUIRED FOR SINGLE SOURCE REQUEST**

d) Why are these specific features/qualifications required?

e) What other products/services have been examined and/or rejected?

f) Why other sources providing like goods or services are considered unacceptable (please give a full meaningful explanation)?

g) What are the unique performance features REQUIRED (not merely preferred), and how would your requirement be inhibited without this precise item or service?

h) How will your mission/operation be impacted if the County does not purchase the particular item/service? Please explain.

Posting Requirements: PCD shall conduct a good faith review, posting the requirement publicly for 7-10 business days, followed with the notice of intent to purchase.



I hereby certify that:

1. I am an approved department representative and am aware of the County's requirements for competitive bidding, as well as the criteria for justification for Sole/Single Source purchasing.
2. I have documented the required technical information and have made a concerted effort to review comparable equipment/service.
3. The information contained herein is complete and accurate.
4. A Sole/Single Source purchase in this case would withstand a possible audit or a vendor's protest.
5. I am aware of F.S. 838.22 as to compliance with Bid Tampering.

Assistant Chief Gregory Harlow  
Requestor's Name - print

  
Signature

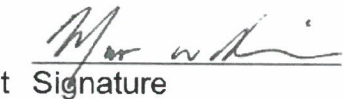
03/13/2024  
Date

Deputy Chief Ben DeCuir  
Requesting Division Manager - Print  
(Required for purchases <\$50K)

  
Signature

3/13/24  
Date

Fire Chief Matt Kinley  
Requesting Department Director - Print  
(Required for purchases >\$50K)

  
Signature

3/15/24  
Date

**Purchasing and Contracts Division Determination:**

Supervisor ☒ Approval ☐ Disapproval Date: 3/22/24 tkr

Manager ☒ Approval ☐ Disapproval Date: 3/25/24 Stn

Description Posted (7-10 business days): From N/A see attached

BCC Date, if applicable: 4/9/2024

Comments:

Purchase Order No.: TBD Amount of Purchase: \$ 202,800.