

# MANATEE COUNTY GOVERNMENT

## NOTICE OF INTENT TO NEGOTIATE FOR AWARD OF A SOLE SOURCE CONTRACT

<b>SUBJECT</b>	Maintenance and PM Service Plan for Zoll Defibrillators	<b>DATE POSTED</b>	MC _____	
<b>PROCUREMENT REPRESENTATIVE</b>	Charles Bentley	<b>DATE CONTRACT SHALL BE AWARDED</b>	April 15, 2021	
<b>DEPARTMENT</b>	Public Safety	<b>CONSEQUENCES IF DEFERRED</b>	Loss of functionality for critical lifesaving heart monitors	
<b>SOLICITATION</b>	R076643	<b>AUTHORIZED BY DATE</b>	Jacob Erickson, Procurement Official	

### NOTICE OF INTENT TO NEGOTIATE FOR AWARD

The Manatee County Procurement Division provides notice of its intent to negotiate a sole source contract with a value of \$33,993.63 with Zoll Medical Group for the provision of the Precise Service Plan for Zoll X-Series heart monitor defibrillators in use for the period 5/1/2021 through 4/30/2022.

### ENABLING/REGULATING AUTHORITY

Federal/State law(s), administrative ruling(s), Manatee County Comp Plan/Land Development Code, ordinances, resolutions, policy.

Manatee County Code of Laws

### BACKGROUND/DISCUSSION

Manatee County Procurement Division has completed a due diligence review and intends to procure four-year service plan for Zoll X-Series defibrillators from Zoll Medical Corp without conducting a competitive solicitation process for the following reason(s).

Zoll is the manufacturer of the X-series defibrillators currently in use. They are the sole provider of the services needed to properly maintain these units.

Using another service and repair provider may void equipment warranties and would not provide highly skilled, trained professionals with the expertise in electronics, product application, and process quality control.

Any company that believes they can provide this good or service must provide, in writing, convincing technical data sufficient to support their position to the Manatee County Procurement Division at [purchasing@mymanatee.org](mailto:purchasing@mymanatee.org) no later than April 14, 2021.

<b>ATTACHMENTS (List in order of attached)</b>		<b>FUNDING SOURCE (Acct Number &amp; Name)</b>	0010007101-534000, EMS Operations <input checked="" type="checkbox"/> Funds Verified <input type="checkbox"/> Insufficient Funds
<b>PROJECTED COST</b>	\$33,993.63	<b>AMT/FREQ OF RECURRING COSTS (Attach Fiscal Impact Statement)</b>	