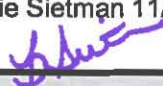


# MANATEE COUNTY GOVERNMENT

## SOLE SOURCE or NONCOMPETITIVE INTENT TO AWARD

<b>SUBJECT</b>	Reagents for Drug Testing	<b>DATE POSTED</b>	MC <u>XSE 11/1/16</u>
<b>PURCHASING REPRESENTATIVE</b>	Bonnie Sietman Sr. Buyer 941-749-3046 x 3046	<b>DATE CONTRACT SHALL BE AWARDED</b>	November 8, 2016
<b>DEPARTMENT</b>	Community Services	<b>CONSEQUENCES IF DEFERRED</b>	N/A
<b>AUTHORIZED BY</b>	SS # 201700035 Task #20162970 R065197	<b>AUTHORIZED BY DATE</b>	Bonnie Sietman 11/1/2016 

### NOTICE OF INTENT TO AWARD

Sole Source notice of Intent to Award #20162970 for the procurement of Reagents and related supplies for Drug Testing to Siemens Healthcare Diagnostics located in Tarrytown, New York 10591.

### 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, Sections 2-26-40 & 2-26-45

### BACKGROUND/DISCUSSION

- ✓ The Twelfth Judicial Court administers Drug Court separately for Manatee and Sarasota Counties. Sarasota has a contract with Siemens for drug court testing reagents and supplies and have requested that Manatee County consider utilizing the same vendor. Purchasing the reagents and supplies from Siemens increases the volume discount pricing for both Counties.
- ✓ Manatee County and Sarasota County are both under the Twelfth Judicial Court and by utilizing the same vendor continuity is established in testing and reporting.
- ✓ Siemens will provide drug testing equipment at no cost to the County with an agreement to purchase the reagents and drug testing supplies from them in FY17.

If a vendor believes this item is not a sole source or noncompetitive procurement, Manatee County Purchasing Division requires prospective vendors provide information regarding their ability to supply the commodity or contractual services described prior to the date indicated for "date contract shall be awarded".

<b>ATTACHMENTS</b> (List in order of attached)		<b>FUNDING SOURCE</b> (Acct Number & Name)	<input checked="" type="checkbox"/> Funds Verified <input type="checkbox"/> Insufficient Funds
<b>COST</b>	\$65,000.00 (category 3)	<b>AMT/FREQ OF RECURRING COSTS</b> (Attach Fiscal Impact Statement)	0010014701-552000