


MANATEE COUNTY GOVERNMENT

SOLE SOURCE or NONCOMPETITIVE INTENT TO AWARD

SUBJECT	X Series monitor / defibrillator and Zoll AutoPulse supplies	DATE POSTED	MC <u>SE 4/1/16</u>
PURCHASING REPRESENTATIVE	Bonnie Sietman Sr. Buyer 941-749-3046 x 3046	DATE CONTRACT SHALL BE AWARDED	June 8, 2016
DEPARTMENT	Public Safety, EMS	CONSEQUENCES IF DEFERRED	N/A
AUTHORIZED BY	SS #201600225 Task # 20162163 R063857	AUTHORIZED BY DATE	Bonnie Sietman  June 1, 2016 (SS authorized by Dennis Wallace 5/17/2016)

NOTICE OF INTENT TO AWARD

Sole Source notice of Intent to Award #20162163 for the procurement of equipment and supplies for the X Series monitors / defibrillators and Zoll AutoPulse medical device units to Zoll Medical Corporation located in Chelmsford, MA 01824.

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

- This blanket order is for all equipment and supplies required to support the X Series monitors / defibrillators and the Zoll AutoPulse units on an "as required" basis only.
- Zoll Medical Corporation is the sole manufacturer and distributor for the X Series and AutoPulse medical device product line.
- Blanket purchase order agreement is valid from thirty-six (36) months.
- Public Safety, EMS Division, reports that clinical studies show that pre hospital mechanical CPR, improves the return of spontaneous circulation by as much as 30%. The AutoPulse® mechanical CPR system is the only system that will readily store in the current County ambulance configuration without modification.
- The units allow EMS/EMT's to provide pre hospital mechanical CPR to patients in cardiac arrest.

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".

ATTACHMENTS (List in order of attached)	•	FUNDING SOURCE (Acct Number & Name)	<input checked="" type="checkbox"/> Funds Verified <input type="checkbox"/> Insufficient Funds
COST	\$75,000.00	AMT/FREQ OF RECURRING COSTS	0010007101-552013