



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Sole Source Justification Form (Use for Purchases(s) over \$5,000)

**Per City of Hollywood Ordinance § 38.41 (C) (2), sole source purchases are exempt from competitive bid and competitive proposal requirements. Sole-source goods, supplies, materials, equipment and services, such as unique, patented, or franchised goods, supplies, materials, equipment or services, are exempt if the CPO determines, after conducting a good faith review of available sources, that the particular supply or service is available from only one source.**

Date 10/24/2022

Department/Office Fire Rescue

Division/Area 215101

Requestor Alexander N. Poli

Title Division Chief of Administration

Phone 954-967-4248

Email Apoli@hollywoodfl.org

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1. Requested Vendor Stryker Medical

Vendor Number 101175

Address PO Box 93308  
Chicago, IL, 60673

Contact Person Gisel Lepior

Title Sales

Phone 561-383-1887

Email Gisel.Lepior@Stryker.com

2. Product/Service being requested (be specific). Three (3) Lucas 3, v3.1 Chest Compression System. It Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use with each Device.

The purchase also includes the ProCare Lucas preventive service: Annual onsite preventive maintenance inspection and unlimited repairs including parts, labor, and travel with battery coverage. **ProCare: Total 8 years (1 year of Warranty plus seven (7) years Procure).**

3. Detailed description of the product/service's function and purpose. The Lucas Device is an easy-to-use mechanical chest compression device that helps lifesaving teams around the world deliver high-quality, guidelines-consistent chest compressions to sudden cardiac arrest patients.

4. Please explain in detail why this vendor is the sole source supplier for the required product/service. Be sure to explain the necessary features this vendor provides which are not available from any other vendor. Please see attached Sole Source Letter from Stryker Medical

5. Please explain in detail what process the Department/Office took to verify that there are no other vendors or products/services available to perform the required function. Please see attached Sole Source Letter from Stryker Medical

6. Please submit supporting documentation from the vendor or other sources certifying that this vendor is a sole source for the required product/service being requested. For example, the vendor holds the distribution rights, productions rights, copyrights, trademark and/or patent:

- Vendor holds the exclusive rights for the product/service.
- Vendor is the sole provider of the product/service that has unique characteristics essential to the required function which no other product/service is capable of satisfying.
- Product is replacing existing product and necessary to maintain warranty or service contract.
- Product is replacing existing product and is not interchangeable with any other product.
- Other (Please explain). \_\_\_\_\_

7. Total cost of the requested product/service? \$99,837.33.

8. Total estimated annual (fiscal year) cost of requested product/service? \$99,837.33.

Account Number(s) 335.219901.52200.564530.001607.000.000.

9. Is this product/service covered by a warranty?  Yes  No

If yes, please attach a copy of the warranty details.

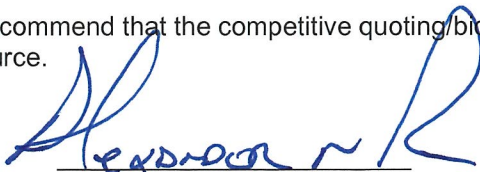
10. Will grant funds be used to pay for the requested product/service?  Yes  No

If yes, please explain N/A

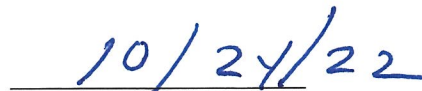
### REQUESTING DEPARTMENT RECOMMENDATION

**WARNING:** Per Florida Statutes 838.22(2) – “It is unlawful for a public servant or a public contractor who has contracted with a governmental entity to assist in a competitive procurement to knowingly and intentionally obtain a benefit for any person or to cause unlawful harm to another by circumventing a competitive solicitation process required by law or rule through the use of a sole-source contract for commodities or services.”

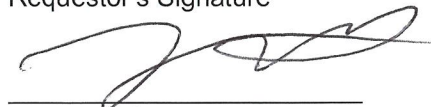
I recommend that the competitive quoting/bidding process be waived and that the goods/services be purchased as a sole source.



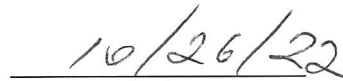
Requestor's Signature



Date



Director's Signature



Date