

JUSTIFICATION FOR SOLE SOURCE REQUEST

Date: June 22, 2010 Dept./Div.: Fire / EMS Phone: 714 754 5144

Contact: Kirk Dominic, Deputy Chief

Description of Equip./Service Req.: Cardiac Resuscitation System

Recommended Vendor: Zoll Medical Corporation

Address: 269 Mill Road, Chelmsford, MA 01824-4105 Phone: 978-421-9655

1. Check reason for sole source request:

- Sole Source:** No other items are known to exist which perform the same function.
- Proprietary:** The item is held under exclusive title, trademark or copyright by a private person or company; a proprietary distributorship would also apply.
- Standardization:** The City requires the item(s) to standardize parts, design, quality, etc. (explain in more detail below)

2. Is the product or service available from other sources?

- Yes
- No

If YES, list name of vendors:

If NO, explain why the product/service is available from only one source:

Zoll is the only company that sells this product.

3. Can your requirements be modified so that competitive products or services may be used?

- Yes
- No Please explain:

No other product meets the specifications and needs of the Fire Department.

4. How does the recommended vendor's prices or fees compare to the general market?

Favorably

Dept./Div. Head's Signature: _____ Date: _____

Purchasing Supervisor's Signature: _____ Date: _____

Purchasing Officer's Signature: _____ Date: _____