

# SINGLE/SOLE SOURCE JUSTIFICATION FORM

Complete this form when requesting an exception to the county's competitive procurement policy where only one firm has a product that will meet the project's needs or product specifications, or only one firm can do the work requested. Completing this form does not guarantee that the proposed vendor will be selected. It is the requester's responsibility to provide all required information and documentation as indicated in this form.

**Procurement Manager reserves the right to competitively bid, negotiate, or solicit additional information and remains the final authority on all procurement issues.**

| Type of Source  |
|---|
| <p><b>Sole Source:</b> The <i>ONLY</i> known supplier for unique products and services where no other options are available</p> <p><b>Single Source:</b> Though there may be alternate sources for the product or service requested, circumstances dictate the use of the proposed vendor, i.e., availability, timeliness, location, etc.</p> |

| Part I: General Requester Information |
|---------------------------------------|
|---------------------------------------|

|  |                                  |
|--|----------------------------------|
| Department Name: <b>Fire Rescue</b>  | Division Name: <b>Operations</b> |
| Will the Annual Amount Exceed \$50,000.00? <input checked="" type="radio"/> Yes <input type="radio"/> No |                                  |

| Part II: Vendor Information |
|-----------------------------|
|-----------------------------|

|   |  |
|---|--|
| Vendor Name: <b>Hamilton Medical</b>      | Vendor Contact Name: <b>Jesse James Carroll</b>                |
| Vendor Contact Phone: <b>561-764-5505</b> | Vendor Contact Email: <b>jesse.carroll@hamiltonmedical.com</b> |

| Part III: Single/Sole Source Justification (check one or more) |
|--|
|--|

DESCRIPTION OF PURPOSE: The Manufacturer, model number and / or generic description.

**HAMILTON Ventilators**  
**HAMILTON Ventilator Maintenance**  
**HAMILTON Ventilator Parts/Accessories**

|   |                                     |  |
|---|-------------------------------------|--|
| 1 | <input checked="" type="checkbox"/> | Parts/Equipment can Only be Obtained from Original Manufacturer - Not Available through Distributors.  |
| 2 |                                     | Only Authorized Area Distributor of The Original Manufacturer.   |
| 3 | <input checked="" type="checkbox"/> | Proprietary Item/Service <u>(Explain Below)</u>  |
| 4 | <input checked="" type="checkbox"/> | Parts/Equipment Not Interchangeable with Similar Parts of Another Manufacturer <u>(Explain Below)</u>  |
| 5 | <input checked="" type="checkbox"/> | This is the Only Known Item/Source that will Meet the Specialized Needs of this Department Or Perform the Intended Function. <u>(Explain Below)</u>  |
| 6 |                                     | Parts/Equipment are Required from this Vendor to Provide Standardization <u>(Explain Below)</u>  |
| 7 |                                     | Upgrade to Existing Software. Available Only from The Producer of this Software Who Sells on Direct Basis Only.  |
| 8 |                                     | An Awarding Agency or Passthrough that Was Competitively Procured.   |
| 9 |                                     | None of the Above Apply. Detailed Explanation for Source Request (Explain Below)<br><i>Describe the full scope of work contemplated including installation if required; items should include brand, model and part number if applicable;</i> |

Hamilton Medical ventilators are utilized by both of our local major hospitals and is being utilized on the mobile stroke unit. Fire Rescue staff have looked at several different ventilators while attending conferences and expos, as well as our EMS steering committee also voted on this product. The Hamilton Medical ventilators appear to have more functions that align with our departmental protocols and provide the best outcomes for our patients.

Hamilton Medical ventilators and consumables are sole source products, manufactured, sold and distributed exclusively by Hamilton Medical,. No division of Hamilton Medical, nor any other company, makes a similar or competing products. These products must be purchased directly by institutions from Hamilton Medical. There are no agents or dealers authorized to represent this product.

**Part IV: Confirmation of Documentation**

Have you provided required documentation including vendors quote, for this request in support of the justification in Parts III of this form?



Yes



No

You may also attach any additional information not specifically requested on this form to support your single/sole source justification.

**Part V ESTABLISHMENT OF PRICE REASONABLENESS**

Analysis of offer and/or offers has determined that the price proposed is determined to be fair, reasonable and in the best interests of the County based on the following:

- 1 Price obtained was from a catalog or standard price list regularly maintained by the vendor covering standard commercial products sold. (Attach copy of vendor's price list.)
- 2 Price obtained includes a discount from current list prices. (Attach copy of quote showing list price and net price paid.)
- 3 Other. (Explain Below.)

Extended discount reflected on quote

**Part VI: Department**

*Donna Guirate*

Requester Name

Donna Guirate

Requester Signature

07/27/2023

Date of Signature

Cheryl Ellis

Director

*Cheryl Ellis*

Director Signature

7/28/2023

Date of Signature

**Part VII: Procurement & BOCC**



Single Source



Sole Source

TJ White

Procurement Manger

*TJ White*

Procurement Manger Signature

*[Signature]*  
Darryl Kight (Aug 14, 2023 14:06 EDT)

Aug 16, 2023

Date of Signature

Chair

Chair Signature

Date of Signature

## Donna Guirate

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**From:** Harold Theus  
**Sent:** Monday, October 18, 2021 3:15 PM  
**To:** Larry M. Sapp; Darryl R. Kight; Mandy Mullins  
**Cc:** Cheryl Ellis; Jacqueline Hines; Donna Guirate  
**Subject:** Designation of Authority (Sole Source & Bid Awards)

I am designating signature authority to Assistant Director Cheryl Ellis for the purposes of approving single/sole source and department recommendations for bid awards. This action will assist Fire Rescue in streamlining our purchasing projects and needs.

Please contact me if you have any questions.



### Harold Theus

Chief  
Fire Rescue  
911 SE 5th ST • Gainesville • FL • 32601  
352-384-3101 (office) • 352-327-2166 (mobile)



PLEASE NOTE: Florida has a very broad public records law (F.S.119). All e-mails to and from County Officials and County Staff are kept as public records. Your e-mail communications, including your e-mail address, may be disclosed to the public and media at any time.



Hamilton Medical, Inc.  
4655 Aircenter Circle  
Reno, Nevada 89502

August 3, 2022

**Hamilton Sole Source Letter**

To Whom It May Concern:

This letter is to confirm that the Hamilton Medical, HAMILTON-T1 model ventilator and consumables are sole source products, manufactured, sold and distributed exclusively by Hamilton Medical, Inc. No division of Hamilton Medical, nor any other company, makes a similar or competing products. These products must be purchased directly by institutions from Hamilton Medical, Inc. at the address listed above. There are no agents or dealers authorized to represent this product.

Additionally, competition is precluded by the existence of an agreement with the manufacturer, who has given us an exclusive right to market these products.

There is no other like item(s) or products(s) available for purchase that would service the same purpose or function and there is only one price for the above named item(s) or product(s) because of exclusive distribution and marketing rights.

If you desire additional information, don't hesitate to visit our website, [www.hamilton-medical.com](http://www.hamilton-medical.com)

Thank you for your interest in our products.

With kind regards,

A handwritten signature in black ink, appearing to read "RH", written over a light blue horizontal line.

Robert Hamilton  
CEO  
Hamilton Medical, Inc.

Quote Date: 6/26/2023

Alachua County Fire Rescue  
 5900 NW 13th Street  
 Gainesville, Florida 32653  
 Attention: Misty Woods  
 (352) 384-3101  
 mwoods@alachuacounty.us

Emergency Medical Services  
 ACFR.3T1.062623.JJCR

| Qty              | PART #        | DESCRIPTION   | UNIT LIST PRICE | QUOTED PRICE | EXTENDED DISCOUNT | EXTENDED PRICE |
|------------------|---------------|---|-----------------|--------------|-------------------|----------------|
| <b>3</b>         | <b>11001R</b> | <b>HAMILTON-T1 EMS Package</b>                      | \$21,925.68     | \$16,500.00  | \$16,277.04       | \$49,500.00    |
| 3                | 10102137      | HAMILTON-T1 Universal Mount Handle                  | \$0.00          |              |                   | Included       |
| 3                | 10102122      | HAMILTON-T1 Adult/Pediatric Configuration           | \$0.00          |              |                   | Included       |
| 3                | 10102127      | HAMILTON-T1 USA Customization                       | \$0.00          |              |                   | Included       |
| 3                | 10102150      | HAMILTON-T1 Li-Ion Batteries (Qty 2)- Initial Order | \$617.97        |              |                   | Included       |
| 3                | 10102336      | HAMILTON-T1 English (USA) Language Kit              | \$0.00          |              |                   | Included       |
| 3                | 10105900      | HAMILTON-T1 O2 Cell- Initial Order                  | \$141.94        |              |                   | Included       |
| 3                | 355198        | HAMILTON-C3/C2/C1/T1 POWER CORD                     | \$26.65         |              |                   | Included       |
| 1                | 59600         | Clinical Training                                   | \$2,163.20      |              |                   | Included       |
| 3                | 161066        | HAMILTON-T1 NIV, NIV S/T Application                | \$2,143.22      |              |                   | Included       |
| 3                | 161758        | HAMILTON-T1 Connect App                             | \$0.00          |              |                   | \$0.00         |
| 3                | 160470        | DISS CONNECTOR O2 - PLATFORM C                      | \$107.72        |              |                   | Included       |
| 1                | 3691040       | HAMILTON-C3/C2/C1/T1/MR1 Battery Calibrator w/ Cord | \$534.97        | \$437.24     | \$97.73           | \$437.24       |
| 1                | 161065        | HAMILTON-T1 Trends / Loops Application              | \$1,071.61      | \$893.01     | \$178.60          | \$893.01       |
| 3                | 161757        | HAMILTON-T1 Connect Module License                  | \$630.74        | \$539.22     | \$274.56          | \$1,617.66     |
| 3                | 161635        | HAMILTON-T1 Comm Board (CO2,SPO2,COM1)              | \$696.02        | \$566.14     | \$389.64          | \$1,698.42     |
| 1                | 161064        | HAMILTON-T1 DuoPAP / APRV Application               | \$2,143.22      | \$1,786.02   | \$357.20          | \$1,786.02     |
| 3                | 161088        | HAMILTON-T1 High Flow O2 Therapy Application        | \$3,121.19      | \$2,203.20   | \$2,753.97        | \$6,609.60     |
| <b>Sub Total</b> |               |   |                 |              |                   | \$62,541.95    |

**Additional Items**

|                  |          |   |            |            |          |              |
|------------------|----------|---|------------|------------|----------|--------------|
| 1                | 260128   | HAMILTON-C1/T1/MR1 Breathing Circuit, w/ E-Valve & Flow Sensor, Adult/Ped (20/BX) 180cm | \$1,681.63 | \$1,013.07 | \$668.56 | \$1,013.07   |
| 9                | 10161088 | Premium EMS HAMILTON-T1 Onsite One Year All-inclusive Service Contract                  | \$1,750.00 | \$1,400.00 |          | \$12,600.00  |
| <b>Sub Total</b> |          |   |            |            |          | \$13,613.07  |
| Trade-in         |          | QTY: 3 HT70 Vents @ \$500/unit  |            |            |          | (\$1,500.00) |
| <b>Sub Total</b> |          |   |            |            |          | \$74,655.02  |

|                          |        |        |
|--------------------------|--------|--------|
| <b>Sales Tax</b>         | 0.000% | \$0.00 |
| <b>Shipping Charges</b>  |        | \$0.00 |
| <b>Quantity Discount</b> |        | \$0.00 |

**Quote Total** \$74,655.02

**Finance Option**                      **No. of Periods (Months)**      60                                      **Monthly Payment**                      \$1,531.66

Comments:

**Hamilton Medical Inc. Emergency Medical Services Terms and Conditions of Sale**

- 1. Prices**  
Prices are in US Dollars.
- 2. Payment terms**  
NET 30 days after invoice date. Payment terms are not extended while waiting for the issuance of a credit.
- 3. Freight terms**  
FOB Origin Pre-paid and added
- 4. Warranty**  
Two year parts & One year labor on new equipment. Ninety (90) day warranty on any upgrade parts. Extended warranties are available. The CO2 Capnostat 5 sensor and Aerogen cable have a One year manufacturer's warranty. All turbines installed in Hamilton-C1/T1/MR1/C6/C3 ventilators shipped from Hamilton Medical AG on or after July 1st, 2014 are warranted for five (5) years against defects in design, material and workmanship under normal use for which it is intended. During the warranty period, Hamilton Medical will repair or replace, at its discretion, defective components or assemblies.

**5. Validity:**

The prices quoted are valid through November 30th, 2023.

**6. Technical Support**

Twenty four-hour/seven days per week / three hundred sixty five days per year telephone technical support is provided at no charge for the life of the Hamilton Medical, Inc. equipment.

**7. Special Conditions**

Hamilton Medical, Inc. does not supply; the cables, hardware, software or middle ware needed to integrate Hamilton Medical equipment with any facilities current Hospital Information or Electronic Medical Record systems.

**8. Trade-In Equipment**

Quotations that include trade-in equipment; Hamilton Medical will offer a trade-in credit, per competitive ventilator, on a one-to-one basis. A mutual agreement for the arrangement of the disposal/transfer of the trade-in ventilators needs to be made within 30 days after the delivery of the new equipment. All trade-in equipment must either be destroyed or released to an authorized Hamilton Medical representative within 60 days after the delivery of the new equipment. Failure to meet the stated dates will result in forfeiture of the total trade-in credit. Trade-in values may fluctuate based on market demand.

**9. Delivery**

Expected delivery within 60 days of receipt & acceptance of purchase order.

**10. Advertising & Promotion**

Hamilton Medical may include information about the use of Hamilton Medical products at through Hamilton Medical’s distribution channels; including but not limited to, web sites, press releases and reference lists, in the form of text and/or photographic images. Prior to use and publication, all copy shall be forwarded for its approval, which approval shall not be unreasonably withheld or delayed.

**11. Purchase Orders**

Purchase orders can be placed via an e-mail to customer.service@hamiltonmedical.com or via a fax to (775)856-5621 or (775)420-3102.

**12. Service Training Tuition**

If applicable, service training tuition credits are valid for three years from the date of invoice. If the tuition is not used within three years, it will be forfeited and cancelled.

**13. Financing**

Monthly payment is based on credit approval. All submitted documentation must be satisfactory to Hamilton Medical Financial. Should you have any questions, please contact Ben Hardy at (952)516-7192 or BHardy@vendorservicesgroup.com

**14. Sales Tax**

Sales tax will be included on quotations for facilities that do not have a tax exemption certificate on file with Hamilton Medical, Inc. If applicable, provide Hamilton Medical, Inc. with a current tax exemption certificate to receive a quotation without sales tax. Once a current tax exemption certificate is provided, Hamilton Medical, Inc. will update your account to reflect the tax exempt status.

*All information and pricing contained in this agreement is legally privileged and/or CONFIDENTIAL information to be shared only between Hamilton Medical Inc. and the direct recipient of this quote. You are hereby notified that any dissemination, distribution or copying of this agreement and/or Exhibits outside of Hamilton Medical Inc. and employees is strictly prohibited.*

Quote Date                      Monday, June 26, 2023

Account Manager                Jesse James Carroll RRT

Account Manager Phone:    (561) 764-5505

Account Manager Email        jesse.carroll@hamiltonmedical.com

Phone:(775)858-3200  
Fax:(775)856-5621  
www.hamilton-medical.com

Version 17.4



Approval Status: 0 of 1 at 1    Validation Status: N/A    Printed: Not Printed    Encumber Funds: Yes

Department: 5400 - Fire Rescue Services Dept    Purchasing Address: Jesse Carroll - Primary

Vendor: 1016793 - HAMILTON MEDICAL INC    G/L Date: 07/13/2023

Description: M/XB13/FR/JT - HAMILTON MEDICAL - VENTILATORS \*    Deliver by Date:    Expiration Date:    Resolution Number: XBID EX 28 SOLE SOURCE PURCHASE

Type: Purchase Order    Assign to Buyer: 3 - MULLINS, MARY M

Form Type: Custom PO - Standard - Custr

Bill To Location: FS - FIRE RESCUE SERVICES

Number of Items: 4    Total: \$74,655.02    Encumbered Amount: \$74,655.02

**Item**

Item: XBID EX 28 - Sole Sources Purchases

Description: Premium EMS HAMILTON-T1 Onsite One Year All-inclus

Quantity: 9.0000

Unit of Measure: Each - Each

Price per Unit: \$1,400.0000    \$12,600.00

G/L Account: 001.54.5450.526.46.00 - Repairs and Maintenance Services

Project:    Contract:    Vendor Part Number:    Employee:    Ship Via: FW - FIRE RESCUE CENTRAL SUPPLY WRHSE    Ship To:    Freight Terms:    Confirming Request:    Taxable Item:    Create New Asset:    1099 Item

Save    Save/New Item    Save/New PO    Delete Item    Delete PO    Reset

# Hamilton Medical Sole Source 7-2023

Final Audit Report

2023-08-17

|                 |   |
|-----------------|---|
| Created:        | 2023-08-14                                  |
| By:             | Mandy Mullins (mmmullins@alachuacounty.us)  |
| Status:         | Signed                                      |
| Transaction ID: | CBJCHBCAABAA-z5WCtKicqXwbzpP5AWzwXrrWPqpWJk |

## "Hamilton Medical Sole Source 7-2023" History

-  Document created by Mandy Mullins (mmmullins@alachuacounty.us)  
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-  Document emailed to Darryl Kight (dkight@AlachuaCounty.US) for signature  
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Signature Date: 2023-08-17 - 0:51:20 AM GMT - Time Source: server- IP address: 98.180.0.215
-  Agreement completed.  
2023-08-17 - 0:51:20 AM GMT