

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>Sole Source: The <i>ONLY</i> known supplier for unique products and services where no other options are available</p> <p>Single Source: 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: Fire Rescue	Division Name: EMS
Will the Annual Amount Exceed \$50,000.00? <input checked="" type="radio"/> Yes <input type="radio"/> No	

Part II: Vendor Information

Vendor Name: Zoll Medical Corporation	Vendor Contact Name: Hannala Farrell
Vendor Contact Phone: (978) 805-6492	Vendor Contact Email: hfarrell@zoll.com

Part III: Single/Sole Source Justification (check one or more)
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DESCRIPTION OF PURPOSE: The Manufacturer, model number and / or generic description.

Zoll Medical X Series Monitor/Defibrillators, equipment and maintenance

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

Zoll Medical is the sole manufacturer and source of X Series and X Series Advanced Defibrillators for the EMS Market. Zoll service, repairs, and upgrades for the X-Series model defibrillators are only available through Zoll Medical. Based on the sensitive nature of the life-saving products, Zoll does not allow unauthorized parties on their behalf to perform preventive maintenance and repair services on their EMS and Hospital devices.

The X Series is a full-featured monitor/defibrillator designed to be used with patients of all ages. CPR Dashboard, SAO2 functions and wireless data transfers to hospitals.

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.)

Price obtained includes a discount from current list prices.

Part VI: Department

Donna Guirate

Requester Name

Donna Guirate
Requester Signature

08/25/2025

Date of Signature

Cheryl Ellis

Director

Cheryl Ellis
Director Signature

08/25/2025

Date of Signature

Part VII: Procurement & BOCC



Single Source



Sole Source

TJ White

Procurement Manger

TJ White
TJ White (Aug 29, 2025 09:01:38 EDT)

Procurement Manger Signature

Aug 29, 2025

Date of Signature

Chair

Chair Signature

Date of Signature

Donna Guirate

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.



269 Mill Road
Chelmsford, MA 01824
978.421.9655 (main)
978.421.0015 (fax)
zoll.com

SUBJECT: Service and Support of ZOLL Medical Devices

Dear Valued Customer,

ZOLL® Medical Corporation manufactures, sells and services our products using our Depot Repair Center, ZOLL Corporate in Chelmsford, Massachusetts. The ZOLL Team is a group of highly skilled, trained professionals who have extensive experience in electronics, product application and process quality control.

ZOLL has the highest standards of quality and safety for its devices. Given the sensitive nature of our life-saving products, we do not allow unauthorized parties on our behalf to perform preventive maintenance and repair services on our EMS and Hospital devices. Use of unauthorized services would void our product warranty.

Sincerely,

A handwritten signature in blue ink that reads "Antoine Kebbe".

Antoine Kebbe
Vice President Global Service



EXPERTCARE EXTENDED WARRANTY & PREVENTIVE MAINTENANCE CONTRACT

Alachua County Fire & Rescue (Customer # 141111)

ZOLL Medical Corporation

269 Mill Road
Chelmsford, MA 01824-4105
(978) 421-9655 Main
(800) 348-9011
(978) 421-0022 Fax

Attn: Mark Shelton 352-384-3140 / mshelton@alachuacounty.us

Bill To: Alachua County Fire & Rescue
P. O. Box 5038
Gainesville, FL 32601

Ship To: Alachua County Fire & Rescue
913 SE 5th Street
Gainesville, FL 32601

From: Hannala Farrell
Service - Business Administration
(978) 805-6492 / hfarrell@zoll.com

QUOTATION: 00043841
Quote Date: August 11, 2025
Quote Pricing: Valid for 60 Days

PM Contact: Mark Shelton - 352-384-3140 mshelton@alachuacounty.us

X Series

Part No	Description	Contract Dates	Qty	Price	Adj. Price	Ext. Price
8889-89001-PP	Professional Defibrillators/Monitors - Precision Service Plan - 1 Year X Series - Precision Service Plan - 1 Year. Includes: Annual preventive maintenance, Repairs: Parts and labor per ZOLL Limited Product Warranty. Shipping and use of a Service Loaner upon request during device service, and no charge shipping. Serial Number(s): AR14B007340;AR15I014948;AR15L016361 AR16H020989;AR17L028856	10/01/2025 to 09/30/2026	5	\$1,770.00	\$1,504.50	\$7,522.50
8889-89001-WF	Professional Defibrillators/Monitors - Worry-Free Service Plan - 1 Year X Series - Worry-Free Service Plan - 1 Year. Includes: Annual preventive maintenance, Repairs: Parts and labor per ZOLL Limited Product Warranty, SurePower Battery replacement upon verified failure, and accidental damage coverage (see comments). Shipping and use of a Service Loaner upon request during device service, and no charge shipping. Battery replacement and accidental damage guidelines can be found in the ExpertCare Service Plan Terms and Conditions on the ZOLL website. Serial Number(s): AR18K036523;AR18L036726;AR18L036830 AR18L036904;AR18L037352;AR18L037357 AR18L037413;AR18L037431;AR19A037603 AR19A037702;AR19A037811;AR19A037835 AR19A037838;AR20A045751;AR20A045825 AR20A045827;AR20B045879;AR20B045882 AR20B045905;AR20B045907;AR20B045916 AR20B045924;AR20B045935;AR20B045943 AR20B045948;AR20B045953;AR20B045957 AR22I070569;AR22I070574	10/01/2025 to 09/30/2026	29	\$2,140.00	\$1,819.00	\$52,751.00
8889-89900-WFP	Worry-Free Pro-Rated Service Plan - X Series, R Series, Propaq Worry-Free Pro-Rated Service Plan - X Series, R Series, Propaq. Shipping and use of a Service Loaner during repairs upon request, and no charge shipping. Extended warranty is a continuation of the ZOLL Limited Product Warranty. Serial Number(s): AR23K079257	12/01/2025 to 09/30/2026	10	\$180.00	\$153.00	\$1,530.00
PRO-RATED; QUANTITY EQUALS MONTHS						



EXTENDED WARRANTY & PREVENTIVE MAINTENANCE CONTRACT

Alachua County Fire & Rescue (Customer # 141111)

Quote No: 00043841 Continued

ZOLL Medical Corporation

269 Mill Road
Chelmsford, MA 01824-4105
(978) 421-9655 Main
(800) 348-9011
(978) 421-0022 Fax

X Series

Part No	Description	Contract Dates	Qty	Price	Adj. Price	Ext. Price
8889-89900-WFP	Worry-Free Pro-Rated Service Plan - X Series, R Series, Propaq Worry-Free Pro-Rated Service Plan - X Series, R Series, Propaq. Shipping and use of a Service Loaner during repairs upon request, and no charge shipping. Extended warranty is a continuation of the ZOLL Limited Product Warranty. Serial Number(s): AR24I086360 ,AR24F084931 QTY = Months	09/01/2026 to 09/30/2026	2	\$180.00	\$162.00	\$324.00

TOTAL: \$62,127.50

COMMENTS:

1. Applicable tax will be added at the time of invoicing.
2. Payment terms are Net 30 after ZOLL Medical Corporation invoice date.
3. If PM's are purchased or applicable: PM work will be scheduled 60-90 days after the agreement is signed.
4. 15% Multi-Unit Discount only applies when the Total Contract Value is invoiced in full and paid in Net 30 Days.

TERMS & CONDITIONS: The terms and conditions of this contract are set forth in the [ExpertCare Service Plan Terms & Conditions](https://www.zoll.com/en/About/Corporate-Governance-and-Responsibilities/orderterms) which can be found at <https://www.zoll.com/en/About/Corporate-Governance-and-Responsibilities/orderterms>. By signing this contract, Customer acknowledges having read the terms and conditions and agrees to be bound by them.

Alachua County Fire & Rescue

Authorized Signature:

Print Name _____

Title: _____

Date: _____



Alachua County, Florida

Procurement

Theodore "TJ" White, Jr. CPPB, Procurement Manager
County Administration Building, Gainesville, FL 32601
(352) 374-5202

EXECUTIVE SUMMARY

SS- ITA No. 26-373-MM

Intended Sole Source Purchase, Maintenance, Services of Zoll Model # X Series Monitor/Defibrillator

RESPONSE DEADLINE: September 19, 2025 at 5:00 pm

Monday, September 22, 2025

SOLICITATION OVERVIEW

Project Title	Intended Sole Source Purchase, Maintenance, Services of Zoll Model # X Series Monitor/Defibrillator
Project ID	26-373-MM
Project Type	Single-Sole Source
Release Date	August 29, 2025
Due Date	September 19, 2025
Procurement Agent	Mandy Mullins
Project Description	<p>This is a Notice for a Sole Source Source designation for Alachua County Board of County Commissioners.</p> <p><u>Commodity or Service Required:</u></p> <p>Purchase, Maintenance, Services of Zoll Model # X Series Monitor/Defibrillator</p> <p><u>Justification for Single Source Acquisition:</u></p> <p>Zoll Medical is the sole manufacturer and source of X Series and X Series Advanced Defibrillators for the EMS Market. Zoll service, repairs, and upgrades for the X-Series model defibrillators are only available through Zoll Medical. Based on the sensitive nature of the life-saving products, Zoll does not allow unauthorized parties on their behalf to perform preventive maintenance and repair services on their EMS and Hospital devices. The X Series is a full-featured monitor/defibrillator designed to be used with patients of all ages. CPR Dashboard, SAO2 functions and wireless data transfers to hospitals.</p> <p><u>Recommended Procurement Approach:</u></p> <p>For the reason stated above, Alachua County Procurement Division intends to utilize the Sole Source Procurement method to contract with Zoll Medical Corporation for supplying the above.</p>

Summary

This is not a formal solicitation and there are no submissions required. The proposed action is for product or services for which the County intends to negotiate and award with only one source under the authority of and in accordance with Florida State Statute 287.057(3)(c). Any responses received as a result of this Notice of Intent shall be considered solely for the purpose of determining whether to conduct a competitive procurement. Responses will not be considered as proposals, bids, or quotes.

Summary

The description of services intended for purchase from a Single/Sole Source is posted in accordance with section 287.057(3)(c), Florida Statutes and will be posted for a minimum of 15 business days.

This is a Notice for a Sole Source Source designation for Alachua County Board of County Commissioners.

Commodity or Service Required:

Purchase, Maintenance, Services of Zoll Model # X Series Monitor/Defibrillator

Justification for Single Source Acquisition:

Zoll Medical is the sole manufacturer and source of X Series and X Series Advanced Defibrillators for the EMS Market. Zoll service, repairs, and upgrades for the X-Series model defibrillators are only available through Zoll Medical. Based on the sensitive nature of the life-saving products, Zoll does not allow unauthorized parties on their behalf to perform preventive maintenance and repair services on their EMS and Hospital devices. The X Series is a full-featured monitor/defibrillator designed to be used with patients of all ages. CPR Dashboard, SA02 functions and wireless data transfers to hospitals.

Recommended Procurement Approach:

For the reason stated above, Alachua County Procurement Division intends to utilize the Sole Source Procurement method to contract with Zoll Medical Corporation for supplying the above.

Contact Information

Mandy Mullins

Procurement Agent I

Email: mmullins@alachuacounty.us

Phone: [\(352\) 384-3090](tel:(352)384-3090)

Department:

Fire Rescue

Timeline

OpenGov Project Release Date	August 29, 2025
OpenGov Submission Deadline	September 19, 2025, 5:00pm

SOLICITATION STATUS HISTORY

Date	Changed To	Changed By
Aug 29, 2025 9:11 AM	Draft	Mandy Mullins
Aug 29, 2025 9:22 AM	Review	Mandy Mullins
Aug 29, 2025 9:22 AM	Final	Mandy Mullins
Aug 29, 2025 9:22 AM	Post Pending	Mandy Mullins
Aug 29, 2025 9:23 AM	Open	Mandy Mullins
Sep 19, 2025 5:00 PM	Pending	OpenGov Bot
Sep 22, 2025 5:25 AM	Closed	Mandy Mullins

PROPOSALS RECEIVED

Status	Vendor	Contact Info	Submission Date
No Bid	Patterson Veterinary	Gregory Pounds pvs.orders.gov- institute@pattersonvet.com	Aug 29, 2025 9:37 AM

QUESTIONS AND ANSWERS

No Questions Received.

ADDENDA & NOTICES

ADDENDA ISSUED:

No Addenda issued.

NOTICES ISSUED:

No Notices issued.