

REQUEST FOR SOLE SOURCE

TO: CHIEF PROCUREMENT OFFICER, COUNTY OF MAUI FINANCE DEPARTMENT

FROM: David Thyne

(DEPARTMENT/DIVISION/BRANCH)

RE: REQUEST FOR SOLE SOURCE APPROVAL

PURSUANT TO 103D-306, and Subchapter 9, Chapter 3-122, HAR, the Department requests sole source approval to purchase the following (Description of goods, services, or construction):

Zoll AED 3, training simulators, CPR training pads, and cases.

Name of Vendor: Zoll Medical Corporation

Cost: \$ 36,503.87 Term of Contract: From: 5/10/2019 To: 6/28/2019

Prior Sole Source Reference No.(s), if any: _____

- (1) The goods, services, or construction has the following unique features, characteristics, or capabilities:
The Zoll AED 3 is a new AED not available on NASPO but with specific CPR feedback
features, metronome, and WiFi connectivity that make it uniquely suited to the needs of
the Maui Fire Department

- (2) How are the unique features, characteristics, or capabilities essential for the agency to accomplish its work:
CPR feedback is now a requirement for any training device used to teach CPR. Not
only can this device be used to provide feedback in training, it can also provide real-time
guidance on emergency scenes where a life is in the balance. The connectivity makes
CPR data tracking and device maintenance much easier. The metronome is also crucial.
(Attach Additional Sheets If Necessary)

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- (3) The following other possible sources for the goods, services, or construction were investigated but do not meet our needs because:

MFD went through an evaluation of several AED models. The AED 3 is a recently approved models with the latest technology. No other device could check off all the features it has. Zoll is used exclusively by the US military for durability and reliability.

Direct questions to: Michael McDonald Phone: (808) 270-7566

A completed Notice of Sole Source is attached.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND THAT THE GOODS, SERVICES, OR CONSTRUCTION ARE AVAILABLE THROUGH ONLY ONE SOURCE.



Department/Agency Head

6/10/19

Date

Authorized Designee (if any)

Title: _____

Date

CHIEF PROCUREMENT OFFICER'S COMMENTS:

Please ensure adherence to applicable administrative and statutory requirements. This expenditure may be processed through a purchase order:

Yes ____ No _____. If no, a contract must be executed and funds certified.

APPROVED DENIED



CHIEF PROCUREMENT OFFICER

6/12/19

Date

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NOTICE OF SOLE SOURCE

The Chief Procurement Officer is in the process of reviewing the request from the department of

for the sole source purchase of the following goods, services, or construction:

Name of Vendor: Zoll Medical Corporation

Address: _____

Cost: \$ 36,503.87 Term of Contract: From: 5/10/2019 To: 6/28/2019

Direct Any Inquiries To:

Name/Title: _____ Phone No.: _____

Address: _____

_____ Fax No.: _____

_____ 6/13/19 _____
Date Notice Posted

A copy of this notice of intent shall be posted by the Chief Procurement Officer and the purchasing agency in an area accessible to the public at least seven calendar days prior to any approval action.

Submit written objections to this notice of intent to issue a sole source contract within seven calendar days from the date this notice was posted to:

**Chief Procurement Officer
County of Maui Finance Department
200 South High Street
Wailuku, Maui, HI 96793**

SOLE SOURCE REF. NO. 19-46