



BID WAIVER JUSTIFICATION FORM

Complete this form for **any** requisitions or contracts for purchases where competitive bids valued \$30,000 or more will not be obtained by the Purchasing Department. Please complete and email to **Fran Cameron** prior to any commitment (verbal or written). Approved forms must be attached to the requisition or contract.

PURCHASE DESCRIPTION:

Maintenance and Preventive Maintenance on EMS Stretchers and Stretcher Mounts

VENDOR NAME: Stryker

TYPE: (Good, Service or Software): Service

TOTAL COMMITMENT COST: 122,150.40

Grant Funded: **Y**

One Time or On-Going Expense: One Time - Annual

If on-going, provide timeline _____

Please indicate the competitive bidding exemption being requested below by checking the box. Provide the requested details. Additional documentation may be attached if needed.

1. **Purchases from other units of government.**

Provide unit of government and description of purchase.

2. **Emergencies** – involving the health and safety of the people or their property.

Provide brief description of emergency.

3. **Group Purchasing Programs** – formally organized programs that offer competitively obtained purchases at discount prices to public agencies.

Please provide the cooperative and the contract number.

4. **Sole – Source** – Provide requested justification below.
NOTE: Board of Commissioners (BOC) approval REQUIRED.

- | | | |
|-------------------------------------|-------|---|
| <input type="checkbox"/> | _____ | vendor is the only authorized distributor / provider for the area* |
| <input type="checkbox"/> | _____ | item is a special equipment that is manufactured only by this vendor* |
| <input checked="" type="checkbox"/> | _____ | vendor is the only service provider for existing equipment or software* |
| <input checked="" type="checkbox"/> | _____ | vendor is the only authorized proprietary service provider for performing OEM standard services for existing equipment or software* |
| <input type="checkbox"/> | _____ | standardization or compatibility is the overriding consideration. |

**NOTE: Provide a letter from the manufacturer indicating as such.*

5. **NC State Contract** – Contracts awarded by NC State Department of Purchase and Contracts and/or NC Department of Information Technology (NCDIT)

Please provide NC State Contract number.

6. **GSA Contract Purchases** – Contracts awarded by a federal agency of the United States.

Please provide Federal contract number.

7. **Used Goods** – Purchase of used goods from a public or private entity

Please provide a detailed supplier quotation with used goods and pricing.

8. **Piggybacking** – Provide all details related to original contract.

NOTE: Board of Commissioners (BOC) approval REQUIRED.

Please provide: Government Agency that holds the contract, Contract description, date of award.

9. **Services** – Certain systems and the services required to maintain them are proprietary or uniquely specialized. Only the Purchasing Manager or CFO may waive the RFP requirement for services. All services over \$200K require BOCC approval.

Please provide the details of the proprietary or specialized services being requested.
This is an annual Preventive Maintenance and repair program offered exclusively by Stryker- who is the manufacture of the EMS patient transport stretchers and stretcher mounts. This program includes inspection, and repair of any portion of the stretcher and the stretcher mount located within the EMS units.

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation.

Doreen Nunn
Requestor's Signature

08/22/24
Date

ES
Department

Purchasing Department Use Only:

Francesca Cameron
Purchasing Manager Signature

8/23/24
Date

Approved
Approve or Deny

Purchasing Comments: