PURCHASING VIEW



CITY OF MADISON • FINANCE DEPARTMENT • PURCHASING SERVICES

Non-Competitive Selection Request

Date:	01/25/2019
Requisition Number:	19000514 (8 characters)
Requestor Name:	NicoleMarie Hall
Requestor Phone Number:	266-4777
Requestor Email:	nmhall@cityofmadison.com
Fund:	1100 GENERAL
Agency:	30 FIRE
Major:	 53*** Supplies/Goods 541** Utilities 542** Building/Facility Maintenance/Repair √ 543** Software/Equipment Maintenance/Repair 544** Public Works Maintenance/Repair 545** Training/HR-Related Services 546** Consulting/Professional Services 548** Grants/Loans/Insurance/Other Services
Total Purchase Amount:	\$102,813.20
Vendor Name:	Stryker Medical
Product/Service Description:	Power Cot Maintenance and Repair
	\$50,000 and UNDER This form will be sent to the Purchasing Supervisor for review. OVER \$50,000 Complete this form and draft a resolution using the sample resolutions provided by the City Attorney to your Budget Analyst. Your resolution will not be added to the Finance Committee agenda without this form.

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Check the box(es) for the exception criteria you feel are applicable: 1. Public exigency (emergency) will not permit the delay incident to advertising or other competitive processes. 2. The services or goods required are available from only one person or firm (i.e., true sole source). V 3. The services are for professional services to be provided by attorneys. 4. The services are to be rendered by a university, college, or other educational institution. 5. No acceptable bids have been received after formal advertising. 6. Service fees are established by law or professional code. 7. A particular consultant has provided services to the City on a similar or continuing project in the V recent past, and it would be economical to the City on the basis of time and money to retain the same consultant. 8. Otherwise authorized by law, rule, resolution, or regulation. Explain: If procurement is being paid with Federal or State grant funds, the vendor was identified by name in the approved Grant Application. (OPTIONAL) **REASON FOR REQUEST** WHY A COMPETITIVE SELECTION PROCESS CANNOT BE USED: Provide detailed explanation below. For a true sole source, provide all information to explain why this product or service can only be purchased from this vendor. For one-of-a-kind items not sold through distributors, explain the unique performance features of the product requested that are not available from any other product. For services, detail the unique qualifications this vendor possesses, or other reason(s) that meet the criteria selected above. Identify specific, measurable factors and qualifications. The Fire Department utilizes Stryker PowerCot and PowerLoad systems in all front-line and reserve ambulance units. Stryker Medical is the only authorized contractor to perform diagnostic maintenance on the PowerLoad systems using proprietary tools and software as well as their own field service team. The Fire Department has established a working relationship with Stryker having used their field service team for the past several years to perform onsite repairs and maintenance on PowerCots to reduce down time. If another vendor were used to maintain the PowerCots it would be costly to the department in terms of time and duplicity of work when as the manufacturer Stryker can maintain both the PowerCot and PowerLoad systems together. Since these two pieces of equipment work in conjunction and coordination with each other it is best that one contractor service both. The proposal from Styker includes costs of original manufacturer parts, labor and travel time for annual inspections and unscheduled service, where another vendor may bill service trip charges in additional to labor and parts. COMMENTS REGARDING PURCHASES OVER \$50,000 The City has paid Stryker Medical \$42,841. Vendor selection was performed as follows: \$29,257 via non-competitive selection request \$13,584 for various purchases that were not subject to competitive selection Date: 01/29/2019 Submit

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