



JUSTIFICATION AND APPROVAL FOR ALLOWING AWARD OF CONTRACT WITHOUT COMPETITION

(Section A must be completed by the User Department and then submitted to the Department of Purchasing & Contract Compliance)

SECTION A

Department: State Court General

Department Contact: Bradley Jones

Description of Supplies/Services: Substance Use Disorder (SUD) Monitoring

Demonstration of Contractor's Unique Qualifications:

Vendor completes same gender directly supervised samples, completes a clinical analysis, and provides electronic results through a web-based application. Avertest is also the only provider that addresses every element of drug testing to include: initial donor enrollment, random selection, client notification, specimen collections, and laboratory testing.

(Section B must be completed by the Department of Purchasing & Contract Compliance)

SECTION B

MARKET SURVEY

Results of Market Survey

Date Public Notice posted on website: Tuesday, May 3, 2016

Date Public Notice closed: Tuesday, May 10, 2016

REVIEW OF OFFER(S)

Were any offers received (Y/N):

Number of offers received:

Respondents:

Date Offers submitted to User Department for review:

User Department review and recommendation:

Purchasing Agent review and recommendation:

CERTIFICATION

Having conducted a good faith review of source availability regarding the materials, goods and or services stipulated herein, subsequent to consultation with the County Manager and the recommendation of the User Department, it has been determined that there is only one source available for the required work, labor or service to be done or the supplies, materials, or equipment to be furnished, per the Fulton County Code of Ordinances §102-384, Award without competition.

I, Felicia Strong-Whitaker, Purchasing Director, certify that the facts and representations under my cognizance which are included in this justification and its supporting documentation which form the basis for this justification are complete and accurate.

Felicia Strong-Whitaker
Purchasing Director

Date

I, Dick Anderson, County Manager, certify that the facts and representations under my cognizance which are included in this justification and its supporting documentation which form the basis for this justification are complete and accurate.

Dick Anderson
County Manager

Date