



**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: *DEPARTMENT OF HEALTH & WELLNESS*

Department Contact: *DEIRDRE CHAMBERS*

Description of Supplies/Services: *HEMOCUE (111710) HB 201 CUVETTES (4X50) FOR TESTING CAPILLARY, VENOUS OR ARTERIAL BLOOD.*

Demonstration of Contractor's Unique Qualifications:

HEMOCUE IS THE MANUFACTURER OF THE ABOVE REFERENCED PRODUCT. THE ITEM WAS PURCHASED AS A SOLE SOURCE IN APRIL 2008, WITH SOLE SOURCE JUSTIFICATION FROM THE VENDOR. THE FEDERALLY FUNDED WIC PROGRAM IS IN NEED OF THE ITEM FOR TESTING CLIENTS AS MANDATED BY THE GOVERNMENT.

(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: *9/28/2009*

Date Public Notice closed: *9/29/2009*

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 §2-319, Conditions allowing for award of contract without competition.

I, Felicia Strong-Whitaker, Purchasing Agent, 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
Interim Director

Date

I, Zachary Williams, 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.

Zachary Williams
County Manager

Date