FULTON COUNTY

# *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:** Fulton County Department of Health and Wellness (Vendor: AID Atlanta, Inc, 1605 Peachtree Street NE, Atlanta, GA 30309-2955).

**Department Contact:** Leisha McKinley-Beach, Program Administrator, 404-613-1411

**Description of Supplies/Services:** Providing crisis and routine information regarding HIV/STD infections, transmission and testing through a dedicated hotline. Call-in number 1-800-551-2728 and email address infoline@aidatlanta.org

**Demonstration of Contractor's Unique Qualifications:** AID Atlanta, Inc. is the only approved vendor under the U.S. Department of Health and Human Services, Health Resources and Services Administration (HHS/HRSA) HIV/AIDS program to provide the HIV/STD information.

***(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:**

**Date Public Notice closed:**

**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, Interim 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, Interim Director Date

Interim Director, Fulton County Department of Purchasing and Contract Compliance

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 Date

County Manager