



**JUSTIFICATION AND REQUEST FOR APPROVAL FOR AN AWARD OF CONTRACT WITHOUT COMPETITION**

Business Owner Name: David Holland

Date of this Request: 29APR2022

Email and Phone Number: [david.holland@fultoncountyga.gov](mailto:david.holland@fultoncountyga.gov) 2-2157

Department: MPS

Program Supporting: Sexual Health

Vendor: Ash Wellness, Inc

Goods or services to be provided: Home STI test kits & ordering service

Value (Cost) of the contract for a full term: \$100,000

Reason for issuing award without competition (Select any that apply):

Emergency

Describe the threat to public health, welfare, or safety: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If rapid provision of the goods or services is required, describe what caused the time pressure:

\_\_\_\_\_  
\_\_\_\_\_

What is the target/critical date for having the goods or services in place, and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sole Source

Describe the vendor's unique qualifications for performing the service, or the unique qualities of the goods sought for purchase: Provides a specific suite of services we seek without the requirement to pay for additional testing: 3-site GC/chlamydia, syphilis, HIV home self-collection; online portal for

ordering and test results; pre-paid return shipping on kits; additional kits to FCBOH for agency or partner distribution; customizable branding; FDA-approved testing centers; lab network with redundancy.

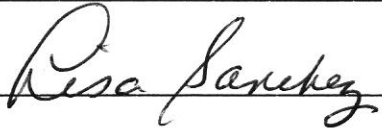
List the searches you conducted and the sources you consulted to determine whether this qualifies as a sole source: Google search for "home STI testing;" contacted all vendors in the search that offered GC/chlamydia, syphilis, and HIV in a set for quotes. Each either lacked a necessary component above or included additional, undesired tests.

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APPROVAL BY DEPARTMENT/DIVISION DIRECTOR: 

APPROVED BY PURCHASING OFFICER: 

DENIED BY PURCHASING OFFICER: \_\_\_\_\_

Reason: \_\_\_\_\_

CONTRACTS MANAGER REVIEW: 

DISTRICT HEALTH DIRECTOR: 

COMMENTS/NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_