




The City of Edgewater

Finance Department
104 Riverside Drive
Edgewater, FL 32132

PURCHASING JUSTIFICATION FORM

TO: Finance Department		FROM: Fire Rescue Department	
Subject - Purchase of: Power Pro 2 Stretcher (Stryker)			
Requested Supplier – Contact: Kellie Smith		City, State, Zip: Chicago, IL 60673	
Company: Stryker Medical		Phone: 269 303 0993	
Address: PO Box 93308		Estimated Cost: \$34,887.77	
Statement of Need: My recommendation for use of a Sole/Standardized/Proprietary Sourcing, Piggy-Back or Cooperative Contract is based upon an objective review of the product/service being required and appears to be in the best interest of the City. I know of no conflict of interest on my part or involved in any way with this request. No gratuities, favors or compromising actions have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request justification for this purchase when there are other known suppliers to exist.			
Justification: Mark those that apply.			
<input type="checkbox"/> 1. Sole source request is for the original manufacturer or provider; there are no regional distributors. (Attach the manufacturer's written certification that no regional distributors exist. Item 4 must also be checked).			
<input type="checkbox"/> 2. Sole source request is for the only area distributor of the original manufacturer or provider. (Attach the manufacturers -not the distributors - written certification that identifies all regional distributors. Item 4 also must be checked).			
<input type="checkbox"/> 3. The parts/equipment are not interchangeable with similar parts of another manufacturer. (Explain in separate memorandum and attach).			
<input type="checkbox"/> 4. This is the only known item or service that will meet the specialized needs of this department or perform the intended function. (Attach memorandum with details of specialized function or application).			
<input checked="" type="checkbox"/> 5. The parts/equipment are required from this source to permit standardization. (Attach memorandum describing the basis for the standardization request).			
<input type="checkbox"/> 6. A competitively bid contract is available to piggy-back, that is in the best interest of, meets the needs of and follows the City's terms and conditions is available. (attach originating contract)			
Originating Entity: _____ Contract/Bid # _____			
<input type="checkbox"/> 7. A competitively bid cooperative contract is available, that is in the best interest of, meets the needs of and follows the City's terms and conditions is available. (attach originating contract)			
Originating Entity: _____ Contract/Bid # _____			
<input type="checkbox"/> 8. None of the above applies. A detailed explanation and justification for this sole source request is contained in the attached memorandum.			
I attest that this requests meets the standards and intent			
Division Head Signature: _____		Date: _____	
Department Director Signature: 		Date: 11/14/2023	
Comments: See attachment memo			
Finance Approval: _____		Date: _____	
City Manager Approval: _____		Date: _____	