

DINWIDDIE COUNTY SOLE SOURCE PROVIDER DETERMINATION FORM

Date Awarded:	6/30/20		
Vendor: Company Name:	iSimulate	Phone: (518) 261-1700	
Address:	43 New Scotlan	d Ave.(MC#25) Albany, NY 12208	
simulated base allows the instr	chnology based EMS training ad training ulitilizing the devi- uctor to change patient con-	g device that allows EMS providers to have ce as a cardiac montior for the student/provider and ditions based on student/provider treatments and uccessfully using one of these within our system at	
		ddad an that trainings may approach with the same following. Check the applicable justification.	
There is o	There is only one manufacturer/provider AND this is the only known item or source that will meet the specialized needs of the department or perform the intended function.		
The item is not interchangeable with similar parts of another manufacturer OR the parts/equipment are required from this source to permit standardization.			
Other. De	escribe in detail.		
		at there is only one source that is practicably available to	
procure the listed	goods or services and the quo	ted price is fair and reasonable.	
Ulu M J Division Chief/D	epartment Manager	<u>To-18-2020</u> Date	
Anne	Digitally signed by A		
DiHowent	Date: 2020.06.26 15	:41:0 2 Date	