

DINWIDDIE COUNTY SOLE SOURCE PROVIDER DETERMINATION FORM

Date Awarded: _	09/08/20	
Vendor: Company Name:	Zoll Medical	Phone: (987) 421-9587
Address:	269 Mill Rd, Ch	nelmsford, MA 01824-4105
Description of go preventative ma	ods or services; nintenance services for moni	tor defibrillators.
This Sole Source	Determination is based on the	following. Check the applicable justification.
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. Describe in detail.		
	ation, we have determined that goods or services and the quote	there is only one source that is practicably available to ed price is fair and reasonable.
0 5.	g/le-	9/2/2020
Division Chief/De	epartment Manager	Date
Division Chief Fir	nance & General Services	Date