

DINWIDDIE COUNTY SOLE SOURCE PROVIDER DETERMINATION FORM

Date A	warded:	7/22/20		
Vendo Compa	<u>r:</u> any Name:	Zoll Medical	Phone: (978) 421-9655	
Address:		269 Mill Rd Chel	msford, MA 01924-4105	
Description of goods or services: 8 ZVent Portable Ventilators with complete kit				
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.			
xx		ne item is not interchangeable with similar parts of another manufacturer OR the rts/equipment are required from this source to permit standardization.		
XX	Other. Describe in detail. The purchase of the ZVent by Zoll Medical allows us to use the same PM service that is in place for our Zoll monitors, and allows for uniformity across the system.			
From our investigation, we have determined that there is only one source that is practicably available to procure the listed goods or services and the quoted price is fair and reasonable.				
Ohr. Divisio	M LJ n Chief/Depa	artment Manager	1-30-2020 Date	
On Divisio	n Chief Finan	nce & General Services	7/7/20 Date	