



City of San Antonio Certificate of Exemption

Finance

Please fill this form out online, attach any required support documents,
and forward your request to next approval authority.

Certificate of Exemption

Originating Department: SAFD

Request Date: 10/03/2023

Exemption Requested/Taken

The City is authorized under limited conditions to make procurements outside of the competitive solicitation process. Chapter 252 of the Local Government Code provides guidance regarding sixteen general exemptions from the competitive solicitation. Departments must submit vendor(s) quotations for any selection below. Please select one exemption:

- | | |
|--|---|
| <input type="checkbox"/> A procurement made because of a public calamity that requires funds to relieve the needs of the residents or to preserve city property (Note: Department must notify the Purchasing Division immediately regarding such an event) | <input type="checkbox"/> Paving, drainage, street widening and other public improvements or related matter where at least one-third of the costs are paid by special assessments |
| <input checked="" type="checkbox"/> A procurement to preserve or protect the public health or safety of the city's residents (Note: Department must notify the Purchasing Division immediately regarding such an event) | <input type="checkbox"/> A public improvement project which has been authorized but for which there is deficiency of funds to complete in accordance with the plans as authorized |
| <input type="checkbox"/> A procurement necessary because of unforeseen damage to machinery, equipment or other property (Note: Department must notify the Purchasing Division immediately regarding such an event) | <input type="checkbox"/> A payment under a contract by which a developer participates in the construction of a public improvement as provided by Subchap. C, Ch 212. |
| <input type="checkbox"/> A procurement for personal, professional or planning services | <input type="checkbox"/> Personal property sold |
| <input type="checkbox"/> A procurement for work that is performed and paid for by the day as the work progresses | <input type="checkbox"/> Services performed by blind or severely disabled persons |
| <input type="checkbox"/> A purchase of land or right-of-way | <input type="checkbox"/> Goods purchased by a municipality for subsequent retail sale by the municipality |
| <input type="checkbox"/> A procurement of items available from only one source | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> A purchase of rare books, papers and other materials for a public library | <input type="checkbox"/> Advertising, other than legal notices |

***Does the public health & safety procurement include a "Sole Brand" preference?**

☒ Yes ☐ No

***Is this an "Emergency" purchase request that exceeds \$50,000 in value and would require City Council ratification?**

☐ Yes ☒ No

***Sourcing Accounting Details**

☐ Insert Shopping Cart (SC) or Purchase Requisition (PR) #

☒ Insert Annual Contract #

Enter: Annual Contract Name/Number: current contract #44-4739




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Sole Brand Justification Notice

You have indicated that this Certificate of Exemption is being requested for a purchase that is categorized as a "Sole Brand" procurement. Justification for such a purchase **MUST be provided in the following section of the form, where the justification for sole brand purchase can be documented and submitted as part of this Certificate of Exemption request.** Provide any related documents used in justifying the sole brand aspects of this purchase, attaching any correspondence(s) related to establishing that justification.

Click on the paperclip icon  located in the left margin of this form to make any required attachment.

Sole Brand Justification Details

*Name of Item: Lucas Device Accessories

*Manufacturer: Stryker Medical

*Model Number: various

*Source Count: ☐ Available from only one source ☒ Available from more than one source

*Name of Brand: Lucas

*Brief description of where or how the item(s) will be used:

The lucas device accessories will be used during emergency medical responses by SAFD paramedics.

*Describe the performance functions proprietary to the item(s) requested and why they are necessary to accomplish the project:

The Lucas accessories are designed to work with the Lucas 3.1 device for automated CPR functions during emergency medical responses.

*Will the item be used in conjunction with existing equipment? ☒ Yes ☐ No

*Will it be used as a component to be interfaced with existing equipment? ☒ Yes ☐ No

*What is the brand and model number of existing equipment?

Lucas Device 3.1

*Will this be used as an accessory or option? ☒ Yes ☐ No

*Will training be required? ☐ Yes ☒ No

*Name other sources/brands whose products have been evaluated and why they do not meet requirements:

The Lucas accessories are designed to work on the Lucas 3.1 device. Other branded products will not work with the device.

***Required attachment: Sole Brand Justification Document explaining why requested item(s) are only suitable from one brand (Labor Relations Committee (LRC) Memo, other department-approved brand justification, etc.).**

*Has all of the required justification documentation been attached to this request? ☒ Yes ☐ No

Execution/Filing Details

This Certificate of Exemption is executed and filed with the Finance Department as follows:

1. The undersigned is authorized to approve an exemption;
2. An exemption according to Section 252.022 of the Local Government Code exists.



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More specifically, the following event has occurred:

The current Lucas Accessories contract is due for re-bid. The COSA and SAFD will be asking for offers on the Lucas Accessories.

3. Because the exemption stated above exists, the City of San Antonio intends to contract with

to be determined by bid. which will cost approximately \$ **300,000**

Approvals

Instructions: Enter your Network credentials and "click" the **Sign** button for Authentication eSignature:

UserID: jw15622 Password: _____

Eric P. McGowin (SAFD)

Originator

10/03/2023

Date

Noel D. Morones (SAFD)

Department Director Approval

10/03/2023

Date

---Not in APPROVAL PATH Routing---

Executive Leadership Team Approval
(approval required only for ratification by City Council)

Date

Jennifer Johnson
Procurement Administrator Approval

10.22.2023

Date

☐ Update Estimated \$\$ Amount in item 3 (above)

Updated Estimate Amt \$ _____

To send this approval document to the next approver, press **Send Forward**.
To retain a copy of this request, perform a **Save As** to save it as an electronic form.