



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.

FY240139

Certificate of Exemption

Originating Department: SAFD

Request Date: 10/25/2023

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 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 checked="" 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 |

***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 # 44-5747



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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 3 Chest Compression System

*Manufacturer: Stryker Medical *Model Number: Lucas 3

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

*Name of Brand: _____

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

The Lucas 3 Chest Compression system is an automated CPR device that allows paramedics to deliver automated CPR compressions. This allows paramedics to be hands free with CPR to perform other medical procedures at the same time.

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

The CPR compressions, timing and structure of the device have been tested and approved by the Office of the Medical Director and EMS Administration. LUCAS 3 has been shown to increase cerebral perfusion pressures, Carbon dioxide output, and provides coronary perfusion pressures of greater than 15 mmHg. This specific device has been extensively studied and is the only device that ensures proper recoil with each compression. Currently this device is the only one that allows a patient to be taken directly to the Cath Lab for lifesaving angioplasty while undergoing mechanical CPR.

*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

*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:

Products researched/tested - Defibtech Lifearm, Zoll Auto Pulse.
These devices did not perform the needed medical procedures as outlined by the Medical Directors Office.

***Required attachment: Sole Brand Justification Document explaining why requested item(s) are only suitable from one 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 San Antonio Fire Department requires the purchase and delivery of the Lucas 3 Chest Compression System and service plans.

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

Stryker which will cost approximately \$ 647,000

Approvals	
<u>Eric P. McGowin (SAFD)</u> Originator	<u>10/25/2023</u> Date
<u>Christopher M Monestier (SAFD)</u> Department Director Approval	<u>10/25/2023</u> Date
---Not in APPROVAL PATH Routing--- Executive Leadership Team Approval <i>(approval required only for ratification by City Council)</i>	_____ Date
<u>Jennifer Johnson (Finance)</u> Procurement Administrator Approval	<u>11/22/2023</u> Date

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.