



City of San Antonio Certificate of Exemption

Finance
FY220078

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: 11/05/2020

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: Shopping Cart (SC) # / Purchase Requisition (PR) #:
SC# 2000707588
(enter "NA" if unavailable)

OR

Explanation (justification) why Shopping Cart # or Purchase Requisition # is unavailable




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.

Sole Source Justification Notice

You have indicated that this Certificate of Exemption is being requested for a purchase that is categorized as a "Sole Source" procurement. Justification for such a purchase **MUST be provided in the following section of the form, where the justification for sole source purchase can be documented and submitted as part of this Certificate of Exemption request.** Provide any vendor-provided documents used in justifying the sole source 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 Source Justification Details

*Name of Item: McGrath Video Laryngoscope

*Manufacturer: McGrath *Model Number: 11996-000393

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

*Name of Source: Stryker

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

The video laryngoscopes will be used by SAFD Paramedics during emergency medical responses. This device is used to view the throat for obstructions and help guide in intubation tubes.

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

The EMS Administration and Office of the Medical Director have tested several devices and the McGrath is the device approved to be used in the San Antonio Fire Department Emergency Medical Service.

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

*Will training be required? Yes No

*Describe the training and the amount of training (in hours, days, or months) that will be provided.

The training will be provided by the vendor during normally scheduled CE training.

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

Airtraq, Glidescope and I-View

***Required attachment(s): Vendor Quotation and Sole Source Vendor Justification Letter explaining why requested item(s) are only suitable from one source.**

*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.

More specifically, the following event has occurred:

The SAFD requires the purchase and delivery of video laryngoscopes. This is part of the equipment purchase approved for the FY22 year.

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



City of San Antonio Certificate of Exemption

Finance

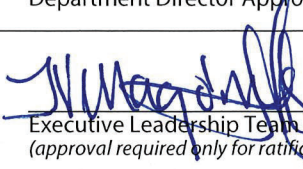

Please fill this form out online, attach any required support documents,
and forward your request to next approval authority.

Stryker Medical which will cost approximately \$ 194,259

Approvals

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

UserID: _____ Password: _____

<u>Eric P. McGowin (SAFD)</u> Originator	<u>11/22/2021</u> Date
<u>Christopher M Monestier (SAFD)</u> Department Director Approval	<u>11/22/2021</u> Date
 <u>Executive Leadership Team Approval</u> <i>(approval required only for ratification by City Council)</i>	<u>11/30/2021</u> Date
 <u>Procurement Administrator Approval</u>	<u>January 10, 2022</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.