



Agenda Item Summary: Item #09-1091

BOC Meeting Date
October 21, 2009

Requesting Agency
Department of Health & Wellness

Commission Districts Affected
ALL

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval for allowing award of contract without competition for the **Department of Health & Wellness**, Hemocue Cuvettes for Testing of Venous or Arterial Blood in the amount of \$10,800 with HemoCue Diagnostics (Lake Forest, CA) to provide Diagnostic assessment supplies for testing of blood samples upon award.

Requirement for Board Action *(Cite specific Board policy, statute or code requirement)*

In accordance with Fulton County Purchasing Code Section 2-319, and BOC Policy and Procedure #800-11-(Basis for Conditions Allowing Award of Contract without Competition), after following the procedure as stated in P&P #800-11, and the Purchasing Department having determined that there is only one source available for the required supply, service, or construction item, this request is forwarded to the County Manager for review and approval and presentation to the Board of Commissioners for final approval

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

The Department of Health & Wellness requests approval for allowing award of contract without competition to Hemocue Diagnostics to provide Hemocue Cuvettes equipment for diagnostic testing of Arterial and Venous blood samples.

If this item is not approved, the Department of Health & Wellness will not be able to prove Capillary, Venous or Arterial Blood Testing as mandated by the Federal Government.

The market survey was conducted and there were no respondents to this solicitation.

HemoCue, Inc., the manufacturer of these items was contacted and informed us that they are "The Sole Source" and that they have no distributors of said items.

Fiscal Impact / Funding Source

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements)

818-750-8118-GY09-810-1451 Grants Health Wellness, Pharmacy/ Medical Supplies, \$10,800

Exhibits Attached

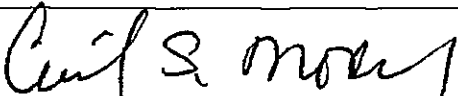

(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)


Exhibit 1- Contractor Performance Report
Exhibit 2- Justification and Approval Form

Source of Additional Information

(Type Name, Title, Agency and Phone)

Deidre Chambers, Material Management Manager, Health & Wellness, 404-730-1288

Agency Director Approval		County Manager's Approval
Typed Name and Title Cecil Moore, Director of Purchasing	Phone (404) 612-5810	
Signature 	Date 10-16-09	

 FULTON COUNTY BOARD OF COMMISSIONERS Agenda Approval & Routing Form			
Contract Attached: Select One:	Previous Contracts: Select One:	Procurement Type: SOLE SOURCE	Proposed Action: PROCUREMENT
Solicitation Number: 09SS92809B	Submitting Agency: HEALTH AND WELLNESS	Staff Contact: DEIRDRE CHAMBERS	Contact Phone: 404-730-1288
Description: HEMOCUE (111716) HB 201 MICROCUVETTES; 4X50			
CONTRACTOR INFORMATION			
Other Contract Party(s):	Solicitation Information	NON-MFBE	MBE
	No. Bid Notices Sent:		
Prime Contractor Information: Contractor Type: SOLE SOURCE Name: HEMOCUE Address: 40 EMPIRE DR City: LAKE FOREST State: CA Zip: 92647 Contact Name: EVELYN REYNOSO Phone: 800-881-1611 EXT 177 Start Date: End Date: Upon Approval: X Amount: \$6,720.00	Subcontractor Information: Contractor Type: Select One Name: Address: City: State: Zip: Contact Name: Phone: Start Date: End Date: Upon Approval: <input type="checkbox"/> Amount:	FBE	TOTAL
	No. Bids Received:		
FINANCIAL SUMMARY			
Total Contract Value: Original Approved Amount: Previous Adjustments: This Request: \$6,720.00 TOTAL: \$6,720.00	MBE/FBE Participation: Amount: %: Amount: %: Amount: %: Amount: %:	Grant Information Summary: Amount Requested: <input type="checkbox"/> Cash Match Required: <input type="checkbox"/> In-Kind Start Date: <input type="checkbox"/> Approval to Award End Date: <input type="checkbox"/> Apply & Accept Match Account #:	
Funding Line 1: 818-750-8118-1451-GY09-810	Funding Line 2:	Funding Line 3:	Funding Line 4:
KEY CONTRACT TERMS			
Start Date:	End Date:	Contract Type: ONE TIME PURCHASE	Payment Terms:
Cost Adjustment:	Renewal/Extension Terms:	Termination Provisions:	
ROUTING & APPROVALS			
<input checked="" type="checkbox"/> Originating Department: <i>[Signature]</i>			Date: 10/21/09
<input type="checkbox"/> County Attorney:			Date:
<input type="checkbox"/> Information Technology:			Date:
<input type="checkbox"/> General Services:			Date:
<input type="checkbox"/> Risk Management:			Date:
<input type="checkbox"/> Grants Management:			Date:
<input type="checkbox"/> Purchasing/Contract Compliance:			Date:
<input type="checkbox"/> Finance/Budget:			Date: