

**CITY OF EL PASO, TEXAS
AGENDA ITEM
DEPARTMENT HEAD'S SUMMARY FORM**

DEPARTMENT: Fire Department

AGENDA DATE: 2/9/10

CONTACT PERSON NAME AND PHONE NUMBER: Chief Chris D. Celaya - Strategic Planning/771-1000

DISTRICT(S) AFFECTED: All Terrence Freiburg, Purchasing Mgr., 541-4313

SUBJECT:

APPROVE a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

That the Purchasing Manager be authorized to issue a Purchase Order(s) to Physio-Control, Inc.- Medtronic, in the total estimated amount of \$145,764.27; for the purchase of LIFEPAK1000 Defibrillators at \$57,089.86 and LIFEPAK12 Defibrillator/Monitors at \$88,674.41.

BACKGROUND / DISCUSSION:

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

Purchases for Automated External Defibrillators (AED) and Cardiac Monitors/Defibrillators have been made from this vendor in the past. By keeping the same vendor it provides consistency for purchases of equipment and maintenance. This purchase will be used to replace older AED's and older generation monitor/defibrillators. Funding is being provided by a Department of State Health Services matching Grant and a Metropolitan Medical Response System Grant.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

N/A

AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

Amount: \$57,089.86 Fund: 07191 Dept ID: 22150024 Account: 503300 Project: G221003/AED Defib FY10

Amount: \$88,674.41 Fund: 07189 Dept ID: 22150024 Account: 503112 Project: G220905/MMRS

BOARD / COMMISSION ACTION:

Enter appropriate comments or N/A

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD: _____

(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

Information copy to appropriate Deputy City Manager

**FINANCIAL SERVICES DEPARTMENT, PURCHASING DIVISION
PROJECT FORM**

DATE: January 28, 2010
TO: Municipal Clerk
FROM: Terrence Freiburg, Purchasing Manager Deniese Baisley
 Purchasing Manager, ext. 4313 Procurement Analyst, ext. 4263

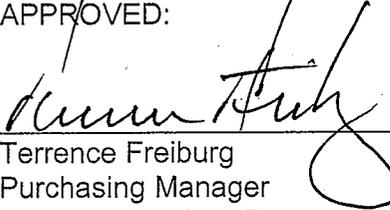
Please place the following item on the CONSENT Agenda of February 9, 2010

Item should read as follows:

Request that the Purchasing Manager, Financial Services, Purchasing Division, be authorized to issue Purchase Orders to Physio-Control, Inc., a division of Medtronic, Inc., the sole source provider for LIFEPAK Defibrillator/monitor products for the purchase of twenty (20) LIFEPAK1000 Defibrillators in the estimated amount of \$57,089.86 and five (5) LIFEPAK12 Defibrillator/Monitors in the estimated amount of \$88,674.41 for the El Paso Fire Department. The total estimated amount is \$145,764.27.

Department: Fire
Total Amount: \$145,764.27
Funding Sources: Department of State Health Services matching Grant
 Metropolitan Medical Response System (MMRS) Grant
District(s): All

APPROVED: _____ COUNCIL MEETING DATE: February 9, 2010



Terrence Freiburg
Purchasing Manager
Financial Services Department, Purchasing Division

cc: Bid File



**FINANCIAL SERVICES
PURCHASING DIVISION**

SOLE SOURCE AFFIDAVIT

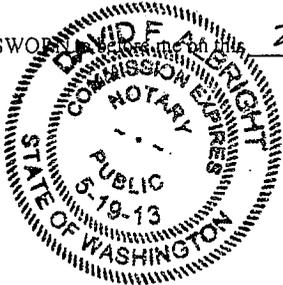
THIS IS AN OFFICIAL PURCHASING DOCUMENT – RETAIN WITH PURCHASE ORDER FILE

Before me, the undersigned official, on this day, personally appeared CARLOTTA Y. BELL, a person known to me to be the person whose signature appears below, whom after being duly sworn upon his/her oath deposed and said:

1. My name is CARLOTTA Y. BELL. I am over the age of 18, have never been convicted of a crime and am competent to make this affidavit.
2. I am an authorized representative of the following company or firm: PHYSIO-CONTROL, INC.
3. The above named company or firm is the sole source for the following item(s), product(s) or service(s):
EXTERNAL DEFIBRILLATORS WITH NAME LIFEPAK 500, LIFEPAK 12, LIFEPAK 20,
LIFEPAK 1000, LIFEPAK 15, LIFEPAK CR PLUS
4. Competition in providing the above named item(s) product(s), service(s) is precluded by the existence of a patent, copyright, secret process or monopoly as stated under Section 252.022, Subchapter A of the Local Governmental Code 7A or as provided for under 7B-F of the same section. Also, attached hereto is a sole source letter, which sets forth the reasons why this Vendor is a sole source provider (dated and signed).
5. There is/are no other like item(s) or product(s) available for purchase that would serve the same purpose or function.
6. Note: This Vendor understands that by providing false information on this Sole Source Affidavit, it may be considered a non-responsible Vendor on this and future purchases and may result in discontinuation of any/all business with the City of El Paso.

Signature

SUBSCRIBED AND SWORN



26th day of January, 2010

David F. Albright
NOTARY PUBLIC
DAVID F. ALBRIGHT
PRINTED NAME
5-19-13
MY COMMISSION EXPIRES

COMPANY NAME: PHYSIO-CONTROL, INC.
ADDRESS, CITY, STATE & ZIP CODE 11911 WILLOWS ROAD NORTHEAST, REDMOND, WA 97052
PHONE: (509) 442 1142 FAX NUMBER: (425) 867-4142
CONTACT NAME AND TITLE: _____
WEB ADDRESS: WWW.PHYSIO-CONTROL.COM EMAIL: _____
FEDERAL TAX ID NUMBER: 91-0697691 TEXAS SALES TAX NUMBER: _____



Physio-Control, Inc.
11811 Willows Road NE, P.O. Box 97006, Redmond, WA 98052
Tel 425.857.4000 Toll-free 800.442.1142
www.physio-control.com

January 27, 2010

El Paso Fire Department
ATTN: John Espinosa
8600 Montana Ave
El Paso, TX 79925

To Mr. Espinosa:

In response to your recent request, I am writing to confirm that Physio-Control, division of Medtronic, Inc., is the only source from which to obtain the LIFEPAK® family of products, including upgrades, and services in your marketplace. Physio-Control does not utilize the services of any authorized dealers or distributors in the sale of our products in your marketplace.

Best regards,

A handwritten signature in black ink, appearing to read "Gorman Wong". The signature is fluid and cursive, written over a light background.

Gorman Wong
Customer Support Services Director