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## COOPERATIVE PURCHASING JUSTIFICATION AND APPROVAL FORM

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In accordance with Division 12 of the Fulton County Purchasing Code the Purchasing Agent may enter into an agreement with any public procurement unit for the cooperative use of supplies or services; and, may procure supplies, services or construction items through contracts established by purchasing division of the state where such contract and contractors substantially meet the requirements of the Purchasing Code. Please complete the form below to request that the Purchasing Director review the spending unit's request to engage in cooperative purchasing.

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**Requesting Department/Agency:** DREAM / Land

**Department/Agency Contact Information:** Brenda Walker-Butts

**Cooperative Contract Number and Title:** #159498 Cooperative Omnia Partners Public Safety

**Estimated Contract Spend:** \$191,000

**Contract Source** (Identify the source of the cooperative contract by checking the appropriate box):

**Public Cooperative Entity** (Ex: NASPO)

List cooperative entity: Port of Portland

**State of Georgia Statewide Contracts**  
(Department of Administrative Services)

**Federal Government** (Ex: GSA contract)

**Other Governmental Entity**  
(Ex: City of Atlanta)  
List Government Entity: \_\_\_\_\_

### **Verification Requirements**

In order to utilize the cooperative purchasing, statewide or GSA contract, the User Department/Agency must provide justification for the use of the cooperative purchase and why the particular cooperative contract is most advantageous to the County as it relates to price and other factors.

1. Provide justification for the use of the cooperative purchase.
2. Provide an explanation regarding the cost analysis conducted and why utilizing this contract is best value and advantageous to the County. This may include but is limited to:
  - a. Leveraging benefits of volume purchasing
  - b. Volume discounts
  - c. Service delivery requirement advantages
  - d. Document market research that was completed to determine use of cooperative purchase request.
3. Provide documentation verifying that the cooperative, statewide or GSA contract is current and awarded through a competitive process.
4. Provide a copy of the cost proposal/quote received.

1. Provide justification for the use of the cooperative purchase.

It is imperative the limited vendors providing this specialized life/safety equipment and service are prepared to respond with the needed bulk quantities for Fulton County facilities upon request ~~as~~ proven utilizing a cooperative agreement. Historically, to competitively bid this contract independently, the County faced challenges: a) Receiving competitively priced core products and comparable savings; b) Selected vendor may not be direct supplier impacted by direct supplier inventory access, c) Access to needed bulk quantity upon request, d) Ability for timely ordering and delivery that have been realized using the cooperative agreement and e) Alleviating compliance risks due to extended delays.

#### AED Pads Replacements

The two primary replacement parts for AED devices are the pads and the batteries.

The pads for the County's Cardiac Science Brand AED devices expire every two-years and must be replaced in accordance with the manufacturer's guidelines. The pads in AEDs currently installed in County facilities will expire in FY 2025.

#### Replacement of obsolete AEDs

As in most cases, equipment must be replaced periodically. Additionally, models are also upgraded, and old models can become obsolete. As is the case with the Cardiac Science Powerheart G3 Model AEDs. The G3 model is the original model purchased by the County at the implementation of the AED Program in July 2004.

The Department of Real Estate and Asset Management has been notified by the manufacturer that effective 2028, pads and battery replacements parts will no longer be manufactured for the G3 models. Therefore, DREAM is requesting funding to replace the current 80 G3 model devices left in the County's AED inventory. These devices are currently installed in various County facilities, and this is a critical needs request that will significantly impact the program if not funded. The G3 devices will be replaced with the Cardiac Science Powerheart G5 model, which is the standard AED used in all other County facilities.

**TO BE COMPLETED BY THE DEPARTMENT OF PURCHASING REPRESENTATIVE:**

DOES THE SOLICITATION MEET THE REQUIREMENTS	YES	NO
Reviewed the justification provided by the requesting department/agency and determined that the use of the cooperative purchase/statewide/GSA Contract is justified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reviewed the cost analysis provided and determined that the use of the cooperative purchase/statewide/GSA Contract is best value and/or advantageous to the County:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reviewed the documentation provided and obtained a copy of the contract, solicitation documents, award letters, etc., to verify that the cooperative, statewide or GSA contract is current and was awarded through a competitive process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The use of the contract meets the needs of the requesting department/agency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The proposed contracting entity is authorized to conduct business in the State of Georgia.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If applicable, the contracting entity must comply with the Georgia Security and Immigration Act (E-Verify). A copy of the Georgia Immigration and Security Contractor Affidavit is obtained from the contracting entity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If federal funded, documented that the contracting entity is not on the <a href="#">Excluded Parties List System (EPLS)</a> that identifies those parties debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement rule, or otherwise declared ineligible from receiving federal contracts, certain subcontracts, and certain federal assistance and benefits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obtain Certificate Insurance requirements based on the coverage and limits included in the cooperative purchase/statewide/GSA contract. The County must be the Certificate Holder, Add'l Insured and Subrogation boxes should be marked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Purchasing Representative Recommendation:**

I have reviewed the items on the above checklist for this solicitation and the request

meets the requirements                       does not meet the requirements

(Ensure that backup documentation has been scanned/saved into folder for this request)

(CAPA/APA) Purchasing Agent \_\_\_\_\_ Date \_\_\_\_\_

Chief Purchasing Agent \_\_\_\_\_ Date \_\_\_\_\_