

Village of Orland Park
Sole Source Request Form
Required for Purchases \$5,000 - \$24,999

Department Police

Date 5/29/2024

Division (if applicable) _____

Description of Good/Service Ballistic Helmet Replacement

Manufacturer or Supplier Avon Protection/Team Wendy Epic Responder Ballistic Helmets purchased through regional distributor Streicher's, Inc

Dollar Amount \$79,300.00

Co-op Purchasing Contract # _____

Have Adequate Funds Been Budgeted For This Purchase? Yes ☒ No ☐

Account number(s) 1005000-460180

Section 1 - Sole Source Justification

A Sole Source Purchase is available from only one supplier and must meet at least one of the following criteria (check the appropriate box):

- | | |
|--|---|
| ☒ One-of-a-Kind | The commodity or service has no competitive product alternatives available on the market. |
| ☐ Compatibility | The commodity or service must match existing brand of equipment for compatibility. |
| ☐ Replacement Part | The commodity is a replacement part for a specific brand of existing equipment. |
| ☒ Operation Continuity | The commodity or service is needed to maintain operational continuity. |
| ☒ Unique Design | The commodity or service must meet physical design or quality requirements. |
| ☐ Delivery Date | Only one supplier can meet necessary delivery requirements. |
| ☐ Emergency | URGENT NEED for the item or service does not permit soliciting competitive bids. |
| ☐ Other | _____ |

Explain how your purchase of goods or services meets one or more of the above criteria for a valid sole source

Avon Protection/Team Wendy are the only manufacturer to offer a ballistic helmet (Level IIIA) with a ten (10) year warranty. Other manufacturers offer similar pricing for only a five (5) year warranty. While pricing is comparable between manufacturers, the warranty is the deciding factor.

Price Reasonableness

I determined that the price is reasonable for one of the following reasons:

☐ Relevant documentation attached

- | |
|--|
| ☒ I compared the proposed price to prices I previously paid for the same or similar services. |
| ☐ I compared the proposed price to current published catalog, price lists, or market prices as documented in the attachments. |
| ☐ I compared the proposed price to rough yardsticks and did not discover significant inconsistencies that warrant additional inquiry. |
| ☒ Based on my knowledge of the market, my experience of prior similar proposals, or knowledge imparted by technical experts. |
| ☐ The price is set by law or regulations. |
| ☐ Market research reveals that same or similar goods or services are available for a similar price. |

Section 2 - Purchasing Authorization - (Section 1 of this form must be completed)

Purchase through Cooperative Purchasing (attach contract documentation)

- | | |
|--|---|
| ☐ State of Illinois Joint Purchase Program | ☐ Omnia Partners - Public Sector |
| ☐ NWMC/Suburban Purchasing Cooperative | ☐ National Intergovernmental Purchasing Alliance |
| ☐ The GSA Schedules | ☐ The National Cooperative Purchasing Alliance |
| ☐ Sourcewell | ☐ HGACBuy |
| ☐ Nat'l Association of State Procurement Officials (NASPO) ValuePoint | ☐ Municipal Partnering Initiative (MPI) |
| ☐ Choice Partners Cooperative | ☐ Midwestern Higher Education Compact |
| ☐ The Interlocal Purchasing System (TIPS) | ☐ National Purchasing Partners (NPPGov) |
| ☐ Purchasing Cooperative of America | ☐ 1Government Procurement Alliance (1GPA) |
| ☐ Good Buy Purchasing Cooperative | ☐ National BuyBoard (BuyBoard) |

☐ Other: _____

Approvals

	<u>Name</u>	<u>Signature</u>	<u>Date</u>
Staff Contact			
	David Ziolkowski, Commander		5/29/24
Department Head			
	Eric Rossi, Chief of Police		5/29/24