

CITY OF CARLSBAD SOLE SOURCE AND EMERGENCY PROCUREMENT REQUEST AND DETERMINATION FORM

A sole source *determination* is not effective until the *sole source request for determination* has been posted for thirty (30) calendar days without challenge, and subsequently approved in writing by the Purchasing Manager. *A purchase order will not be issued and orders may not be placed until the sole source determination as been posted for a minimum of 15 days.*

I. Name of Company: Diversified Fall Protection Date: 8/9/23

Please Check One: New Sole Source Renewal of Existing Sole Source

Please Check One: Product Services Product and Services

Type of Sole Source Requested: *(Please check the one that best describes the type of Sole Source you are requesting)*

Company Sole Source (Only one company can provide the goods or services)

Brand Name Sole Source (Only this brand will serve the intended purpose or function with existing equipment or systems, including software)

Unique Professional Services (Only one company or individual can provide this service due to the creative nature of the service or custom delivery of goods or services that are unique and subject to custom design and/or fabrication.

****Please note- True Professional Services under \$60,000 in value are considered a small purchase and does not require a sole source determination.**

Proprietary Sole Source (Only this company provides this product or service and only this company can provide after sale maintenance, repairs or service agreements)

Local Sole Source (Only one company exists to provide this product or service locally and due to the nature of the purchase, it is not feasible or reasonable to obtain the product or service from non-local sources. Only one local vendor is able to respond to the need in a timely manner due to local proximity)

Amount of Purchase \$ 74161.00

II. **Emergency Procurement Request**

DEFINITION OF EMERGENCY CONDITIONS:

An emergency condition is a situation which creates a threat to public health, welfare, safety or property such as may arise by reason of floods, epidemics, riots, equipment failures or similar events. The existence of the emergency condition creates an immediate and serious need for services, construction or items of tangible personal property that cannot be met through normal procurement methods and the lack of which would seriously threaten:

- A. the functioning of government;
- B. the preservation or protection of property; or
- C. the health or safety of any person.

Please provide a detailed explanation for why the purchase required meets the above definition of an Emergency Condition.

**** The Emergency Determination will only be in effect as long as needed to alleviate the emergency conditions. Once the emergency condition has passed, regular procurement methods and procedures must be followed.**

Amount of purchase: \$ _____

Sole Source Determination

- III. Provide a detailed, sufficient explanation of the reasons, qualifications, proprietary rights or unique capabilities of the prospective contractor that makes the prospective contractor *the one source* capable of providing the required professional service, service, construction or item(s) of tangible personal property. (Please do not state the source is the “best” source or the “least costly” source. Those factors do not justify a “sole source.”)

The Wastewater Treatment Plant needs these items and they are the only company who provides these items in the Western US.

- IV. Provide a detailed, sufficient explanation of how the professional service, service, construction or item(s) of tangible personal property is/are *unique and how this uniqueness is substantially related to the intended purpose of the contract*.

The Wastewater Treatment Plant needs these items and they are the only company who provides these items in the Western US.

- V. Explain why other similar professional services, services, construction or item(s) of tangible personal property **cannot** meet the intended purpose of the contract.

There are no other similar companies who can provide these items anywhere close to us.

- VI. Provide a narrative of the due diligence used in determining the basis for the procurement, including a review of available sources and include Include a list of businesses contacted (**do not state that no other businesses were contacted**), date of contact, method of contact (telephone, mail, e-mail, other), and documentation demonstrating an explanation of why those businesses could not or would not, under any circumstances, provide the goods or services; or an explanation of why the department has determined that no businesses other than the prospective contractor can provide the goods or services requested.

No other companies can provide these items due to distance.

Certified by:

Date: 8/9/2023

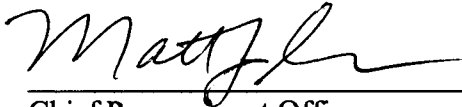


Digitally signed by Ivan M. Abell
DN: CN=Ivan M. Abell, O=, OU=, E=imabell@cityofcabin.com, C=US
Reason: I am the author of this document
Location:
Date: 2023.08.09 10:27:19-0800
Foxit PDF Editor Version: 12.0.1

Department Director

APPROVED:

Date: 8/14/23



Chief Procurement Officer

Authority to Proceed

- 1) the signature of the CPO on this form certifies the sole source has been posted for thirty (30) calendar days and has received no challenges;
- 2) the sole source is granted as of the date of signature by the State Purchasing Agent; and
- 3) the signature of the CPO on this form is the final signature required for this sole source procurement.



DIVERSIFIED
FALL PROTECTION

MOUNTAIN

875 S 600 W, Heber City, UT 84032 P:801-839-2900 F: 801-839-2929

Date: 8/3/2023

QUOTATION

PROJECT: City of Carlsbad Phase 2

Quoted To: Tender Attn: Estimating

Ship To: Carlsbad, NM 88221

Customer ID	Good Thru	Estimator
	5/15/2024	Jayson Knight

Furnish Only of Product(s)			
Quantity	Description	List Price	Total
1	20' Stainless Steel Wall Mount Ladder		
1	Self-Closing Gate Stainless Steel		
4	3M Ultra-Lok SRL 3501103		
4	3M Confined Space Davit Mast 8518387		
1	3M Confined Space Center Mount Base 8516563		
10	3M Confined Space Core Mount Sleeve 8510110		
1	Freight		
1	Sales Tax Included		
		Total	\$74,161.00

**Please note that the freight charge included in pricing above is for a single shipment to include all product, unless stated otherwise. If multiple phased shipments of product are required, please account for additional charges, or ask for a revised quote per your request to address the shipping.*

Fabrication will vary depending on our manufacturing workload at the time the order is placed. This type of product is typically ready to ship 3 - 4 weeks after receipt of purchase order. If product(s) are in stock shipment will be executed immediately upon receipt of a purchase order or according to the shipping timeline requested.

DIVERSIFIED FALL PROTECTION CONTRACT AGREEMENT

Once accepted, the entirety of this document shall constitute the full and final binding agreement between “Diversified Fall Protection” and “Click or tap here to enter text.”, which agreement shall supersede all previous writings, discussions, quotations, memoranda and/or agreements between the parties.

Diversified Fall Protection (“DFP”) conducts all sales transactions in accordance with its Standard Sales Terms and Conditions available at www.rooftopanchor.com/terms-and-conditions. In the event that any of the terms or conditions hereon modify or conflict with any provisions, terms, or conditions in DFP’s Standard Sales Terms and Conditions, the terms of DFP’s Standard Sales Terms and Conditions shall control.

This estimate is valid through 5/15/2024.

Customer:

Click or tap here to enter text.

Date of Acceptance:

Print Name, Title:

Signature of Acceptance:

I have the authority to bind the Corporation

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. LORAD LLC	
2 Business name/disregarded entity name, if different from above Diversified Fall Protection	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 24400 Sperry Drive	Requester's name and address (optional)
6 City, state, and ZIP code Westlake, OH 44145	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
3	6	-	4	5	9	8	1	7	0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/23/2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.