

# Single/Sole Source Justification

**Vendor:** Med Alliance Group Inc.  
**Commodity/Service:** Workforce Training  
 Estimated expenditure for the current term of contract or annually  
 whichever is greater, for the above Commodity/Service: §507,000 Requests over \$50,000, after review Procurement  
will send to County Manager for Authorization

*Initial the entry below that applies to the proposed purchase.*

         SINGLE SOURCE REQUEST is for: licensed, patented goods/services, the original manufacturer, for existing equipment, software, or is required from this source to permit standardization.

  X   SOLE SOURCE REQUEST is for: the only qualified supplier possessing the unique and singular available capability to meet the requirements of the department. Please obtain and include a letter from manufacturer regarding the product or service.

\*\*\* Single & Sole sources are required to be publicly posted by Procurement for a minimum of 15 days prior to approval. \*\*\*

In all cases, negotiations have been performed in order for the County to receive the best value.

The undersigned requests that competitive procurement be waived and that the vendor identified as the supplier of the service or material described in this single/sole source justification be authorized as a single source for the service or material.

<u>Benjamin Abes</u>	<u>33911</u>	<u>Benjamin Abes</u>	<small>Digitally signed by Benjamin Abes Date: 2024.01.22 10:50:08 -05'00'</small>
Requisitioned by:	Telephone Extension	Signature: Department Director/Designee	Date
<u>Public Safety</u>		<u>Benjamin Abes</u>	
Department		Department Director/Designee (PRINT OR TYPE)	

(PROCUREMENT MANAGEMENT DIVISION USE ONLY)	
Single/Sole Source No. <u>SS240172 JBD</u>	Received Date <u>01-22-2024</u>
Posted Date From <u>03-01-2024</u> To <u>03-21-2024</u>	(15 days) <a href="http://www.leegov.com/procurement">www.leegov.com/procurement</a> and/or <a href="http://www.demandstar.com">www.demandstar.com</a>
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Reason for disapproval _____	
Signature of Procurement Director/Designee _____	
Date _____	

<b>Single/Sole Source OVER \$50,000 Require County Manager or Designee Approval</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature of County Manager/Designee _____	
Date _____	
Presented to Commission: _____	Commission Response: _____

<b>Amount</b>	\$ 507,000	<b>Vendor:</b>	Med Alliance Group Inc.
1. Detailed Description of services and/or items: Describe the product/service you are requesting and its function.			
AdvancedCPR Solutions/Med Alliance Group, Inc. will provide workforce training on a bundle of care known as Neuroprotective CPR. Neuroprotective CPR requires multiple pieces of equipment and a coordinated deployment to implement. As a part of the workforce training, Lee County will be obtaining turn-key workforce training packages (Each NP CPR Training Kit = 1 EleGARD 2.0, 1 Box of 10 EleGARD Disposable Covers, 3 ZOLL Medical ResQPOD 16 ITD's, and one Lucas device).			
2. Justification for Single/Sole Source/Special Circumstances: Explain why this vendor is the only source from which to obtain this product or service.			
AdvancedCPR Solutions through its authorized logistics and invoicing partner, Med Alliance Group, Inc. is the sole source for Neuroprotective CPR Workforce Training and the training supplies to implement the training service.			
3. Efforts to Identify Other Vendors: Describe steps taken to make this determination, vendors contacted, etc.			
This is a State of Florida sponsored grant program. AdvancedCPR Solutions is the only vendor authorized to perform the training required for this initiative.			
If required by the Procurement Management Director, attach a letter from vendor declaring sole source.			
Funding Source: <u>State Grant Funding</u>			
Identify if State, Federal, or other outside County Funding			



**Re: Sole Source for Neuroprotective CPR Workforce Training Inclusive of the Required Implementation Supplies**

The purpose of this letter is to provide you with the information you requested about the availability of Neuroprotective CPR Workforce Training from AdvancedCPR Solutions (ACS).

The method of delivering ElevatedCPR®, or Neuroprotective CPR (NCPR) as it is sometimes referred to in the scientific literature, and the use of the EleGARD Patient Positioning System with circulatory adjuncts and with suction cup equipped chest compression devices were developed and broadly patented by AdvancedCPR Solutions with thirty (32) issued and allowed patents covering both the method and / or the devices needed to properly carry out NCPR.

ACS concurrently developed proprietary clinical education, training and advisory programs on the science and implementation of NCPR that have been delivered to over 8000 clinical educators and providers in the US.

Neuroprotective Head Up CPR requires a paradigm shift in your agency's approach to sudden cardiac arrest involving provision of a comprehensive provider education and training program along with hands on use of the training supplies needed to deploy this technologically advanced bundle of care. It requires the use of a mechanical suction-cup based CPR device, a circulatory adjunct to decrease intrathoracic pressure, and a device to provide the slow, controlled sequential elevation of the head and thorax.

AdvancedCPR Solutions through its authorized logistics and invoicing partner, Med Alliance Group, Inc. is the sole source for Neuroprotective CPR Workforce Training and the training supplies to implement the training your service receives.

Please let me know if additional information is required.

Best regards,

Melissa M. Bahr, RN, BSN, EMT-P, MHA  
Sr. Director, Program Implementation  
[melissabahr@elevatedcpr.com](mailto:melissabahr@elevatedcpr.com)

5201 Eden Avenue | Suite 300  
Edina, MN 55436

office: 763.259.3722

FINAL  
1/24/2024  
3:46 PM  
DKB

Florida Department of Health  
DIVISION OF EMERGENCY PREPAREDNESS AND COMMUNITY SUPPORT  
Formal Scope of Work  
High Performance Resuscitation Training  
Lee County EMS  
SOW23-347

Payment  
BUDGET AMOUNT: \$507,000

**1. PURPOSE:**

This scope of work is for providing first responder high performance resuscitation (HP-RT) workforce training in Lee County, Florida. Contractor will provide these services to the Florida Department of Health (Department).

**2. TERM:**

This scope of work will begin on 1/10/2024 or the date on which the purchase order is issued, whichever is later. It will end at midnight, Eastern Time on 6/30/2024. The State of Florida's performance and obligation to pay under this purchase order and any subsequent renewal is contingent upon annual appropriation by the Legislature and satisfactory performance of the Contractor.

**3. LOCATION OF WORK:**

The worksite for this scope of work is the following location(s):

Lee County Emergency Medical Services	2000 Main St. Suite 100, Fort Myers, FL 33901
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**4. CONTRACTOR QUALIFICATIONS AND EXPERIENCE:**

Contractor staff assigned to this agreement must possess the following minimum qualifications and experience:

- 4.1. Must be a licensed EMS Agency in good standing pursuant to Chapter 401, Part III, Florida Statutes with jurisdictional authority to provide Emergency Medical Services within Lee County, Florida.
- 4.2. If outsourced to a vendor, provide the Department with proof that the peer reviewed medical literature provided aligns with the curriculum that the vendor plans to use during first responder high performance resuscitation instruction.

**5. CONTRACTOR RESPONSIBILITIES:**

5.1. **SERVICE TASKS:** Contractor will perform the following tasks in the time and manner specified:

- 5.1.1. Submit a first responder high performance resuscitation Training Plan to the Department Contract Manager for review and approval within 30 days of the issuance of the Purchase Order. The Training Plan shall include the following minimum components:
  - 5.1.1.1. Name of EMS Agency.
  - 5.1.1.2. Description of the HP-RT training to be conducted including any models or interactive items that may be used.
  - 5.1.1.3. Confirmation from the EMS Medical Director that they have read and reviewed the training and will assist in implementing the training.

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Florida Department of Health  
DIVISION OF EMERGENCY PREPAREDNESS AND COMMUNITY SUPPORT  
Formal Scope of Work  
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Lee County EMS  
SOW23-347

- 5.1.1.4. Name of third-party training vendor, if applicable.
- 5.1.1.5. Maximum number of staff to be trained at each location.
- 5.1.1.6. Timeline for the delivery of the training and anticipated training dates.
- 5.1.1.7. Description of how training completion will be documented. This can include attendance sheets, certificates, or attestations from the EMS training officer or agency designee.
- 5.1.2. Conduct HP-RT workforce training(s) in accordance with the approved Training Plan as follows:
  - 5.1.2.1. Ensure each training is conducted in-person for all training participants. This must include hands on and interactive elements for each training session.
  - 5.1.2.2. Document the date of each training, the location of each training, the length of each training, and the number of staff members that successfully complete the training. Submit the documentation with the corresponding invoice.
  - 5.1.2.3. All trainings must be completed by June 30, 2024.
- 5.1.3. Document HP-RT workforce training(s) in accordance with the approved Training Plan as follows:
  - 5.1.3.1. Create an attendance sheet for each day of the training and ensure each trainee signs the attendance sheet at the beginning and end of each day of the training.
  - 5.1.3.2. Ensure each completed attendance sheet is signed by an EMS training officer or agency designee attesting to its accuracy. Submit the completed attendance sheets and any other documentation certifying training completion as approved in the Training Plan, with the invoice.
  - 5.1.3.3. All training documentation must be submitted by June 30, 2024.
- 5.1.4. Attend any meetings, conference calls and respond to requests for information, as directed by the Department.
  - 5.1.4.1. The Department will schedule all meetings and conference calls at least one week prior to the meeting.
  - 5.1.4.2. Responses for information requests should be received within three days of the Department's request.

**5.2. DELIVERABLES:**

Contractor will complete and submit the following deliverables to the Department in the time and manner specified:

- 5.2.1. Upon Completion: Provision of HP-RT workforce training with submission of supporting documentation in the time and manner specified in Tasks 5.1.1. through 5.1.4.

**6. METHOD OF PAYMENT:**

- 6.1. A purchase order will be issued to the Contractor.
- 6.2. The method of payment for this purchase order is unit rate.
- 6.2. The Contractor will be paid a unit rate for each trainee that successfully completes the training program. Proof of completion, as specified in the approved Training Plan, is required as evidence of completion.
- 6.3. The Contractor will not receive payment in advance for goods or services described in this scope of work.

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Florida Department of Health  
DIVISION OF EMERGENCY PREPAREDNESS AND COMMUNITY SUPPORT  
Formal Scope of Work  
High Performance Resuscitation Training  
Lee County EMS  
SOW23-347

- 6.4. The Contractor must submit an invoice upon completion of all deliverables that provides a detailed accounting of the deliverables performed during the invoice period for which payment is being requested.
- 6.5. The Contractor is responsible for the performance of all tasks and deliverables contained in this scope of work.

**7. PERFORMANCE MEASURES AND FINANCIAL CONSEQUENCES:**

All deliverables and related tasks must be completed 100% as specified. Failure to satisfactorily complete or submit a deliverable in the time and manner specified will result in a financial consequence as indicated below:

- 7.1. Failure to complete and submit Deliverables in 5.2. in the time and manner specified will result in 5 percent reduction of invoiced amount.

**8. CONTRACTOR TRAVEL REIMBURSEMENT:**

The Contractor will not be reimbursed for any travel expenses under this agreement.

**9. DEPARTMENT CONTRACT MANAGER:**

The Department Contract Manager for this scope of work is:

Teresa Mathew BEMO Grants (850) 245-4440 EMS@flhealth.gov	Florida Department of Health Department of Emergency Preparedness and Community Support Bureau of Emergency Medical Oversight 4052 Bald Cypress Way, BIN A-22 Tallahassee, FL 32399-1722
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**10. CONTROLLING TERMS AND CONDITIONS:**

- 10.1. Department Request for Quote;
- 10.2. METHOD OF PROCUREMENT: Governmental Agency;
- 10.3. Department Purchase Order Terms and Conditions;
- 10.4. Contractor’s Response to the Department’s Request for Quote; and
- 10.5. Department Scope of Work SOW23-347.

January 10, 2024

Steve McCoy  
Bureau Chief  
Florida Department of Health  
Bureau of Emergency Medical Oversight  
4042 Bald Cypress Way, Bin A-22  
Tallahassee, FL 32399

Re: Quote for workforce training providing first responder high performance resuscitation (HP-RT) workforce training.

Mr. McCoy,

Lee County EMS has reviewed the Department of Health's proposed Statement of Work (SOW23-347) and can confirm that a quote of **\$507,000** will be required to provide the services and deliverables outlined.

Below is an estimated cost analysis outlining the actual cost to provide the services outlined in the Statement of Work.

**Workforce Training program costs**

Line Items	Cost
Provision of HP-RT workforce training with submission of supporting documentation in the time and manner specified in Tasks 5.1.1. through 5.1.4. in SOW23-347.	<b>\$507,000</b>
<b>TOTAL:</b>	<b>\$507,000</b>

(Insert Signature Block)

# ADVANCEDCPR SOLUTIONS®

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**ADVANCEDCPR SOLUTIONS LLC FACT SHEET**  
**RE: NCPR WORKFORCE TRAINING**  
**Lee County EMS**

**ACS Fulfillment and Invoicing Partner:**  
(The transaction for the Seats Trained will be Sold to each participating agency through Med Alliance Group, Inc., a trusted supplier To over 3000 health care customers in the US)

**Med Alliance Group, Inc.**  
**(MAGI)**

**Purchase Orders are to be issued to:**

**Med Alliance Group Inc.**  
**2175 Oakland Drive**  
**Sycamore IL 60178**

**MAGI Sunbiz.Org -State of Florida Registration**      **F19000004434**

**MAGI e-Verify Registration #**      **1657405**

**ACS Florida Turn-Key Workforce Training SKU**      **FLG-WFT-002**

**Turn-Key NCPR Workforce Training Package as Described Below:**      **\$507,000**

*NP-CPR workforce training for 195 participants,  
65 NP CPR Training Kits, and 51 LUCAS 3 Devices*

*(Each NP CPR Training Kit) = 1 EleGARD 2.0,  
1 Box of 10 EleGARD Disposable Covers,  
3 ZOLL Medical ResQPOD 16 ITD's),*

**Type of Purchase**  
(Proprietary NCPR Training Systems,  
Broadly Patented Training supplies &  
Methods of delivering NCPR)

**Sole Source**  
**AdvancedCPR Solutions LLC**

[www.ElevatedCPR.com](http://www.ElevatedCPR.com)

5201 Eden Avenue | Suite 300  
Edina, MN 55436

office: 763.259.3722



## Brewer-Dano, Jennifer

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**From:** Johnson, Colin  
**Sent:** Tuesday, February 13, 2024 7:04 AM  
**To:** Brewer-Dano, Jennifer; Wofford, Rich; DiCicco, Paul  
**Subject:** Fw: SOW Info

Good morning Jennifer,

Thank you for the call yesterday. Here is some additional information that the State has sent other agencies and counties with similar questions. Let me know if this helps. They are sending more information as well.

Colin



**Colin Johnson | Deputy Chief**

Public Safety

2000 Main Street Suite 100, Fort Myers, FL 33901

**office:** (239) 533-3913

**cell:** (239) 258-2017

**email:** [cajohnson@leegov.com](mailto:cajohnson@leegov.com)

**web:** [www.leegov.com](http://www.leegov.com)

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**From:** McManus, Jennifer J <Jennifer.Mcmanus@flhealth.gov>  
**Sent:** Monday, February 12, 2024 5:34 PM  
**To:** Johnson, Colin <CAJohnson@leegov.com>  
**Subject:** SOW Info

**Caution:** This email originated from an external source. Be cautious of attachments and links, and do not provide login information. Report suspicious activity to the Service Desk: [servicedesk@leegov.com](mailto:servicedesk@leegov.com) or 533-HELP.

Chief,

Below are some questions we have received from other agencies and FDOH's responses.

- **Is this a grant or purchase? Both? What is the grant program? What is the CFSA or CDFA? What are conditions, deadlines? Is it just this informal email? Is the County making the purchase, or is the State?**

This is a Scope of Work; we are paying you to conduct High Performance Neuro Protective CPR. Since Neuro Protective CPR is new with Elegard, you will pay the company to come out and train and provide the equipment.

- **Generally, there is a grant announcement with instructions, followed by a completion of a grant application that obtain Board approval and then then grantor issues an award that is executed and then we receive funding to purchase something.**

Not a grant – the is a contract done under a Scope of Work.

- **This does not look traditional, so someone needs walk me through what the process is.**

Correct this is not normal for us either. The SOW says you create a training plan, of which I made and provided to you. You would return the SOW, the training Plan, and a Quote of County letterhead or whomever is the Florida Vendor.

- **If this is a grant, the next step would be to get this on a Board agenda. If there is a submittal deadline we need to achieve, what is that deadline? Staff can apply for an After the Fact Board action which means that OMB and the County Manger will sign off on the application and draft ES to the Board prior to submittal.**

Since it's not a grant – most agencies have able to submit – once we issue you a purchase order, then they are taking it to BOCC. But each government entity requirements are different.

**Purchase Order Terms & Conditions**

[http://dms.myflorida.com/mfmp\\_PO\\_TC](http://dms.myflorida.com/mfmp_PO_TC)

*Jennifer McManus*

EMS Education Coordinator / Region 6 EMS Coordinator  
 Bureau of Emergency Medical Oversight  
 Division of Emergency Preparedness and Community Support  
**Florida Department of Health**  
 CELL: (850) 251-6598  
 EMAIL: [Jennifer.mcmanus@flhealth.gov](mailto:Jennifer.mcmanus@flhealth.gov)

*email  
 what are the  
 procurement requirements  
 rules*



How am I doing? Please let me know by taking this short survey. Thank you!  
<https://www.surveymonkey.com/r/39vsb32>

**Mission:** To protect, promote & improve the health of all people in Florida through integrated state, county & and community efforts.

**Vision:** Healthiest State in the Nation

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to disclosure.