



**STATE OF FLORIDA**  
**DIVISION OF EMERGENCY MANAGEMENT**  
**JUSTIFICATION FOR INTENDED SOLE SOURCE PURCHASE OR PROPRIETARY PROCUREMENT**  
**FOR USE BY SUB-RECIPIENTS**

<b>Sub-Recipient Agency:</b> City of Miami for City of Pembroke Pines
<b>Sub-Recipient Address:</b> 444 SW 2nd Avenue 10th Floor Miami FL 33130
<b>Sub-Recipient Phone #:</b> 305-416-5454
<b>Sub-Recipient Email:</b> abecraft@miamigov.com
<b>Federal Grant No:</b> R0232
<b>Original Award Amount:</b> \$14,012,500
<b>Award Year:</b> <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
<b>Grant Program:</b> <input type="checkbox"/> SHSGP <input type="checkbox"/> OPSG <input checked="" type="checkbox"/> UASI <input type="checkbox"/> NSGP

**\*THIS FORM MAY BE EXPANDED AS NEEDED TO PROVIDE PERTINENT INFORMATION\*\***

1. Indicate which type of unique or proprietary purchase is being requested:

- ☒ **Sole Source** (*Available from only one source*)                      ☐ **Proprietary** (*Proprietary specification/scope of work*)

If Sole Source you must indicate the qualifying situation below:

☒ **Item Only Available Through a Single Source**

- Does independent research through internet searches or discussions with subject matter experts corroborate that the item is available only from a single source?
- Does the request demonstrate the uniqueness of items or services to be procured from the proposed contractor or vendor compatibility or patent issues, etc?
- Does the request demonstrate and support how it determined that the item or service is only available from one source (e.g., PUR 7778, cost analysis results, patented or proprietary system)? Documentation must be provided
- Does the request demonstrate a significant need for contractor's expertise linked to the current project (e.g., knowledge of project management, responsiveness, experience of contractor personnel, and/or prior work on earlier phases of project)? (justification must be provided)

☐ **Public Emergency**

- Is there a public emergency such as a natural disaster or catastrophic event?
- Has there been a declared state of emergency in which these goods and services will be needed?
- Is there an immediate health or safety concern?

☐ **Inadequate Competition**

- Does the request adequately describe the efforts to competitively contract for this item? For example, were requests for proposals or bids conducted and what was the nature of the responses?
- Does the request adequately describe the efforts to ensure the contract pricing is fair and reasonable?
- Does the request provide results of a market survey to determine competition availability or explained why no survey was conducted?

☒ **Conflict of Interest/Suitability/Procurement Standards** (*justification must address all items*)

- Does the request ensure there is no conflict of interest with the proposed vendor?
- Does the request indicate that the proposed vendor has not been suspended or debarred from receiving federal funds?
- Does the request include evidence that the procurement will be completed in compliance with the organization's procurement policies and the procurement standards outlined in 2 C.F.R. §§200.318 through 200.326 as well as Appendix II to 2 C.F.R. Part 200?

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**2. Indicate the commodity or service required (manufacturer, model, and description, as appropriate)**

Motorola brand APX8000 portable radios, Motorola brand APX8500 mobile (mounted) radios.

Description of the radios is they are operable and compatible with the City's existing radio fleet network and on the county wide radio communications infrastructure.

**3. Indicate the intended use of the unique or proprietary item or service being purchased:**

**(the function, application, compatibility requirements; reference to grant guidelines, policy, rule, statute or other act of the Legislature, etc., as appropriate):**

Radios facilitate communication between fire rescue personnel, dispatch, and assigned fire rescue vehicles. The radios under this request are compatible and similar in the operation, maintenance, training, and deployment with the existing City fleet of Motorola radios, and assures effective and reliable usage on the City's back up radio network and countywide's radio infrastructure.

**4. Please answer the following (attach additional pages if needed):**

a. Estimated Dollar Amount: \$111,001

b. What portion, or portions, of the needed specifications restrict the requisition to only one brand, manufacturer, vendor or provider? Motorola is the sole manufacturer and distributor of its radio equipment. This equipment and brand is compatible with the City's existing radio fleet which allows the same level of service for rescue personnel whose training, operation, maintenance, and deployment is for this brand, assuring the effective and reliable usage on the City and County's radio infrastructure.

c. How are the specifications essential to the accomplishment of the work?

Operational communications between personnel, vehicles, command, and dispatch centers are critical functions relating to the safety of first responders and the effective response of first responders to the community for calls of service and during critical incidents or natural disasters. These radios will be deployed on active persons (firefighters, engineers, and command staff) as well as fire department vehicles (rescue, engine vehicles).

**5. Please list any known vendor(s) which supplies a similar product/service with similar functions or functionality and why the competing product/service cannot satisfactorily meet your needs:**

No known competitor's product would work in lieu of compatibility with this manufacturer relating to the brand specific training, operation, maintenance, and deployment of portable and mobile radios that would work with the City's existing Motorola fleet of radios.

**6. Will the item or service be used with existing equipment? (If yes, answer a-e)    ☒ Yes   ☐ No**

**a. Indicate the Brand & Model Number of the existing equipment:**

Police and Fire Department's utilize the following in its active radio fleets: Motorola APX7000, Motorola XTL2500, Motorola APX7000XE, Motorola APX8000, and Motorola APX8500

Accessories, training, maintenance schedules, and programming, are part of this compatibility with the city's existing radio fleet.

**b. Indicate why the proposed item or service being purchased is the only one that will work properly:**

c. Is the item being purchased a repair or replacement part?                      Yes ☐                      No ☒

d. Is the item being purchased a component for existing equipment?                      Yes ☐                      No ☒

e. Will installation be required?                      Yes ☐                      No ☒

**7. Please provide any additional information which may aid in processing this request:**

Pricing is obtained with existing cooperative purchase Motorola agreement contracts.



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CERTIFICATION – SUBRECIPIENTS AGREES THAT THE ABOVE INFORMATION IS ACCURATE, THAT ALL APPLICABLE LOCAL PURCHASING/PROCUREMENT POLICIES HAVE BEEN COMPLIED WITH, AND THAT NO CONFLICT OF INTEREST EXISTS BETWEEN THE SUB-RECIPIENT AND THE PROPOSED VENDOR OR CONTRACTOR.

Sub-Recipient Signatures:

Anna Burff Program Manager 02-24-22 Date  
Garlene Felip Dunois Finance or Purchasing Manager 02-24-22 Date

State Division of Emergency Management Signatures:

☒ Approved ☐ Disapproved [Signature] 02/24/22 Program Manager/Date  
☒ Approved ☐ Disapproved [Signature] 02/24/22 Grant Manager/Date