



**CITY OF GOODYEAR
REQUEST FOR ALTERNATE PROCUREMENT**

1. Total Estimated Cost 0	2. Requisition or PO Number <i>(Attach document)</i> N/A	3. RAP Number
4. If known, Contractor's Name and Address Maricopa Ambulance Attn: Michelle Angle 10243 N 19 th Ave. Phoenix, AZ 85025	5. Date Required 08/31/2018	6. Requesting Department Fire
	7. Preparer's Name Kelly Comstock-Snell	8. Phone 882-7110
9. If under contract, please check and complete all items in this section <i>(Any items not completed may delay approval of request)</i> <div style="margin-left: 40px;"><input type="checkbox"/> Contract Number _____ <input type="checkbox"/> Entity or Coop Name _____ <input type="checkbox"/> Current Contract and all amendments are attached</div>		
10. Type of request for exemption from competitive solicitation requirements <div style="margin-left: 40px;"><div style="display: flex; justify-content: space-between;"><div>A. <input type="checkbox"/> Demonstration Project §3-5-17 / R3-5-17</div><div>C. <input type="checkbox"/> Emergency §3-5-14 / R3-5-14</div></div><div style="display: flex; justify-content: space-between;"><div>B. <input checked="" type="checkbox"/> Competition Impracticable §3-5-15/ R3-5-15</div><div>D. <input type="checkbox"/> Use of other entity contract <i>(refer to section above)</i></div><div style="display: flex; justify-content: space-between;"><div>E. <input type="checkbox"/> Sole Source §3-5-13/ R3-5-13</div></div></div></div>		
<div>Explanation Explanations of exemptions under A, B, C or E must contain findings of fact. Evidence must be included, consisting of material facts, sufficient to independently determine that the findings of fact listed are true and accurate. Factual evidence may consist of written documents, records, supporting data, affidavits, or other information proving that the findings of fact are true and accurate. Itemized listings of findings of fact and material factual evidence should be included or attached.</div> <div style="margin-top: 20px;">The fire department has been working collaboratively on a letter of intent with Maricopa Ambulance for a Ground Ambulance Services Agreement. This occurred after receiving word from AMR (dba Southwest Ambulance of Casa Grande, Inc.), who has been serving as the City's exclusive ground ambulance transport provider since 2009, that they would not be willing to agree with the City's terms and conditions on an extension of their current ambulance contract. It is our desire to work with Maricopa Ambulance to execute a Definitive Agreement. Therefore, we believe that "Competition Impracticable" exists and would like to move forward with Maricopa Ambulance. There will be no funding for this contract. Maricopa ambulance will pay the City of Goodyear for dispatch and medic ride-in fees.</div> <div style="margin-top: 20px;">Director Certification <i>I certify to the best of my knowledge and belief, that all the information on this request, including any attachments is true and accurate.</i></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div style="text-align: center;"> _____ Director Signature</div><div style="text-align: center;"> _____ Department Director Name and Title <i>(typed or printed)</i></div></div>		
TO BE COMPLETED BY OFFICE OF PROCUREMENT		
Procurement Specialist Comments <div style="margin-top: 20px; font-size: 1.5em;">Approved 8/23/18</div>		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input type="checkbox"/> Returned for Further Justification <div style="text-align: right;">Date</div>