



Williamson County Purchasing Department  
901 South Austin Avenue  
Georgetown, Texas 78626  
(512) 943-3553  
[www.wilco.org/purchasing](http://www.wilco.org/purchasing)  
[purchase@wilco.org](mailto:purchase@wilco.org)

## Sole Source Justification Request (rev. 02/08/2020)

### Definition of a Sole Source Purchase

Sole Source Item – goods and/or services which can only be obtained from ONLY ONE source, including:

- Items for which competition is precluded because of the existence of patents, copyrights, secret processes, or monopolies
- Films, manuscripts, or books
- Electric power, gas, water, and other utility services,
- Captive replacement parts or components for equipment which there is no commercially available substitute, and which can be obtained only from the manufacturer and/or manufacturer's distributor; item where compatibility is the overriding consideration, such as computer operating software enhancements for an existing system, continuation of an existing contract when work is so closely related to that of the uncompleted basic contract that it would not be feasible to consider another potential contractor.

This Sole Source justification requires additional documentation and requirements as listed below. **One of these steps may require placing a public notice in Negometrix for 14 days, in order to allow any possible competitors to come forward with equivalent goods or services.** This step will be completed by the Purchasing Team that supports your office or county department after all required documents have been submitted. In addition, **all Sole Source Justifications must be approved in Commissioners Court.**

**Required Documentation that must accompany this request before this purchase can be considered** (any missing documentation will result in delays). *Check all included documents:*

- ☒ **This request form completed and signed**
- ☒ **A written quote from the supplier, listing the goods, services and pricing**
- ☒ **Letter of justification from the supplier (on company letterhead and signed by an authorized representative) establishing why they are the only Sole Source provider of the service or item needed.**
- ☒ **Notarized Sole Source affidavit completed by the supplier**
- ☒ **Signed letter of recommendation from the Elected Official or County Department Head. Must provide a detailed written explanation as to why competitively bidding the product or service would be impracticable and that the cost charged by the supplier is reasonable and customary.**

Requestor Name and County Office/Department:

Requestor Title and Phone Number: John Gonzalez, Commander  
(512) 943-1491

Requested Single Sole Source Supplier:

Company Name: 1-Sigma  
Contact Name: Kris Wyrobek  
Address: 2843 26th Ave. South  
City, State, Zip: Minneapolis, MN 55406  
Phone Number: (612) 722-5358  
Email: lharringer@1-Sigma.com  
Website: www.1-S3.com

Is the recommended supplier the manufacturer? Yes? No?

Does the manufacturer sell the item(s) through distributors? Yes? No?

**Description of the Product or Service:** (If additional space is needed, include in a separate page)  
*Describe the full scope of work, including installation if required; items should include brand, model and part number if applicable.*

1 Sigma manikins provide a new level of realism when it comes to  
airway trainers. 1 Sigma's manikins look & feel like real human bodies.  
The airways are modular which allows us to swap out a normal airway  
for a difficult airway. These manikins also have realistic mounts of  
the jaw & tongue, unlike the more common plastic manikins on the  
market today.

**Schedule:** *Identify the date items are needed to be delivered, or month work is to be performed.*  
*Please be specific and do not use "ASAP":* If possible, we would like to have these  
manikins by April 6, 2020

Estimated Cost: \$ 11,655.00

## SOLE SOURCE RATIONALE

Complete the following checklist:

The requested supplier is the only source of required item(s) or service(s) because:

Check all that apply:

- ☒ The required item or service is proprietary to the supplier
- ☒ The recommended supplier holds the patent on the requested item(s)
- ☒ The recommended supplier is the only supplier capable of performing the requested service
- ☐ **A specific item is needed:**
  - ☐ To be compatible or interchangeable with existing hardware
  - ☐ As a spare or replacement hardware
  - ☐ For the repair or modification of existing hardware
  - ☐ For technical evaluation or testing
- ☒ **Have there been any prior attempts to obtain competitive bids or proposals for the items or services that failed?** If so, please list and describe such attempts: NO.  

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- ☒ **There is a substantial risk in selecting another product or service provider.** If so, please describe: Maybe not a risk, but certainly a product like 7 Sigma brings a more realistic airway train to our medics.  

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- ☒ **It is not possible to obtain competitive bids for consideration.** If so, why: 7 Sigma is the only company who sells & distributes this particular mask.  

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- ☒ **Are there any other companies who can provide the services or needed items?** If so, please list and provide explanation of why they were unable to meet the requirements: NO, no other company makes masks like this in this price range.  

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- ☒ List any other sources, suppliers, products or service providers that you reviewed in your selection process: Simulaide, Laverdel, Nasco, Life Form.

- ☒ List all research methods that you reviewed in your selection process (i.e.: specific internet searches, trade publications, references, etc.): Product manuals, web sites such as the Simulaide, Laverdel, Nasco, and Life Form websites. Also search at the Texas EMS Conference & the National Association of EMS Physicians conference.

## ACKNOWLEDGEMENT

- ☒ I affirm and acknowledge Williamson County's requirements, justification and criteria for Sole Source purchases. I have gathered the required technical information, provided all required documentation, have made a concerted effort to review comparable / equal equipment or services to the best of my ability, and further affirm that there is no conflict of interest in my recommendation of the selected item(s), service(s) or supplier.
- ☒ I also acknowledge and understand that I may be subject to criminal prosecution for the willful falsification of information in this document. I, by the act of signing or typing my name below, hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing is true and correct.

Date: March 3, 2020

Signature\*: 

\* By typing your name, this is equivalent to a legal signature

**NOTE: After a passage of time, an item or service may no longer qualify as a sole source purchase due to other similar items or services becoming available from other suppliers. Thus, all prior sole source determinations must be reapproved by the Williamson County Purchasing Department following completion of a new Sole Source Justification Request Process and satisfactory completion of such process must be noted on requisitions and purchase orders. The sole source term is generally aligned with the contract term. In certain cases, the Purchasing Agent may determine that the 14-day public posting in Negometrix is not necessary. This depends on the circumstance of the particular item/service and the type of sole source.**



# Williamson County Emergency Medical Services

*To Respect, Care and Serve*



March 4, 2020

Randy Barker  
Purchasing Agent  
Williamson County Purchasing

Re: Letter of Recommendation for 7-Sigma Simulation Systems

Mr. Barker,

Please accept this letter as my formal recommendation that Williamson County accept 7-Sigma Simulation Systems as the sole source supplier for high fidelity modular airway training products.

Sincerely,

Mike Knipstein  
Director  
Williamson County EMS



7-SIGMA, Inc. (7S<sup>3</sup>)  
Transcending Expectations

# Quote

February 20, 2020  
RFQ # 344  
Quote # 392C

To: Williamson County EMS  
Attn: John Gonzales, Commander Clinical Practice  
3189 S. E. Inner Loop  
Georgetown, Texas 78626  
PH: 512-943-1491 / 512-966-8972  
EM: jgonzaless@wilco.org

PAGE 1 of 1  
Expiration Date: June 30, 2020

CONTACT: Troy Reihsen 612-532-1479		SHIPPING TERMS: Exworks		TERMS: Net 30 days (after review by 7-SIGMA)	
Item Number	Item Description	List Price Each \$USD	Quantity	Total	
770001***	Caucasian Torso Airway Trainer with Advanced Skills Airway	\$ 4,360.00	2	\$ 8,720.00	
580.770.7000	Caucasian Burn Victim Skills Kit (includes Burn Skills Complete Airway & Burn Victim Face Skin)	\$ 2,500.00	1	\$ 2,500.00	
370.770.7701***	Full Size Airway Trainer Carry Cases	\$ 350.00	2	\$ 700.00	
	<b>Subtotal</b>			\$ 11,920.00	
	<b>NOTES</b>				
	Send orders to lharringer@7-sigma.com or customerservice@7-sigma.com				
	If carry case is purchased with Airway Trainers they will be packaged together & shipped as one unit				
	***Less Discount 5% on Airway Trainers & Cases			\$ (471.00)	
	***Shipping & Handling Ground (discounted Kit shipping)			\$ 216.00	
	<b>Total:</b>	\$		11,665.00	

Quotation approved by:

  
Linda Harringer, Customer Service

We are pleased to submit the above quotation for your consideration, should you place an order, be assured it will receive our prompt attention. Notes: All prices quoted in US Funds.

Thank you for your business!

2843 26th AVE. SOUTH | MINNEAPOLIS, MN 55406 | 888-722-7224 (P), 844-898-4755 (F)

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://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.

**7-SIGMA, Incorporated**

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**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.

☐ 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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**2843 26th Avenue South**

6 City, state, and ZIP code

**Minneapolis, MN 55406**

7 List account number(s) here (optional)

Requester's name and address (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

4 1 - 1 2 4 1 5 5 3

## 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 ► 1-8-20

## 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](http://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.



7-SIGMA Simulation Systems

7-SIGMA, Inc.

2843 26th Avenue South  
Minneapolis, MN 55406

Phone (612) 722-5358

FAX (612) 252-6292

14-Feb-20

To

Williamson County EMS  
3189 S.E. Inner Loop  
Georgetown, Texas 78626

REF: Quote #392A & B

This notice is to confirm that 7-SIGMA Simulation Systems is the sole source and the manufacturer for the items provided. These items can not be purchased from a distributor or any other company. 7-SIGMA Airway Skill trainers recreates anatomical structures and geometry typical of the human anatomy. Modular construction and realism provide unparalleled fidelity for versatile training on many pathologies and complications to better prepare the user for conditions other training systems do not support.

Patent Pending: U.S. Patent  
Application No.: 15/452,945

A handwritten signature in blue ink, appearing to read 'Kris Wyrobek', is written over a horizontal line.

Kris Wyrobek, President/CEO



Williamson County Purchasing Department  
100 Wilco Way, Ste P101  
Georgetown, Texas 78626 (512) 943-3553  
[www.wilco.org/purchasing](http://www.wilco.org/purchasing)  
[purchase@wilco.org](mailto:purchase@wilco.org)

## NOTARIZED SOLE-SOURCE PURCHASE AFFIDAVIT

STATE OF TEXAS  
COUNTY OF WILLIAMSON

### KNOW ALL MEN BY THESE PRESENTS THAT:

Before me, the undersigned authority duly authorized to take acknowledgments and administer oaths, on this day personally appeared Kris Wyrobek, who after being duly sworn on oath stated the following:

My name is Kris Wyrobek. My title is CEO.

I am aware that the Williamson County Purchasing Department is required to comply with competitive bidding requirements of Chapter 262 of the Texas Local Government Code. I am aware that the statutory competitive bidding provisions do not apply to the purchase of an item that can be obtained from only one source. See, Texas Local Government Code section 262.003.

### Sole-source items include:

Items for which competition is precluded because of the existence of patents, copyrights, secret processes, or monopolies, films, manuscripts, or books, electric power, gas, water, and other utility services, and captive replacement parts or components for equipment.

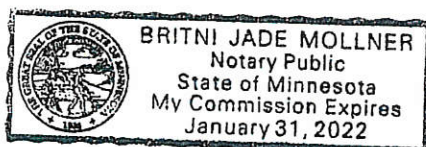
I have represented to the Purchasing Department of Williamson County and I hereby warrant that as of the date below, I am the sole-source supplier of the following item: Airway Skill Trainers - Quote #392C. I am the sole-source supplier of this item because: 7-SIGMA is the developer and manufacturer of the Airway Trainers. I agree that if I ever cease being the sole-source supplier of this item, I shall immediately make a full disclosure in writing to the Williamson County Purchasing Department of all relevant facts and circumstances.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit on the 28 day of February, 2020.

[Signature]

Kris Wyrobek - CEO  
[Printed Name] [Title]

SWORN TO AND SUBSCRIBED before me on February 28, 2020, by Kristina Wyrobek  
[Printed Name]



[Signature] Notary Public

State of MO  
My Commission expires on 01/31/2022