



**City of North Port**  
**FINANCE DEPARTMENT/PURCHASING DIVISION**  
4970 CITY HALL BLVD  
NORTH PORT, FLORIDA 34286  
Office: 941.429.7170  
Fax: 941.429.7173  
Email: [purchasing@cityofnorthport.com](mailto:purchasing@cityofnorthport.com)



**NOTICE OF INTENT TO AWARD A SOLE/SINGLE SOURCE PROCUREMENT**

**Sole/Single Source No: SS NO. 24-18**

**Date Posted: March 8, 2024**

**Written Response Due Date: March 15, 2024**

This is **not** a Request for Proposals and there is no solicitation available. The proposed contract action is for product or services for which the City intends to negotiate and award with only one contractor/vendor under the authority of and in accordance with Florida State Statute 287.057(5)(c). Any responses received as a result of this Notice of Intent shall be considered solely for the purpose of determining whether to conduct a competitive procurement. Responses will **not** be considered as proposals, bids, or quotes.

- **DESCRIPTION OF SERVICE/PRODUCT: Mobile Medication Management Software**
- **AMOUNT** (This is an acquisition with an estimated value of): **\$3,545.00**
- **VENDOR: Handtevy**

Interested firms or individuals may identify their interest and capability to respond to the requirement by submitting in writing their name, address, point of contact, telephone number, e-mail, and a statement regarding capability to provide the specified procurement per the attached specifications. Interested firms will be considered only if they respond with clear and convincing documentation that they are capable of meeting or exceeding the requirements stated herein. All responses received within seven (7) calendar days after the date of publication of this synopsis will be reviewed by the City. A determination by the Procurement Manager not to compete this proposed action based on the responses to this notice is solely within the discretion and approval of the Procurement Manager and City Manager.

All sole/single source purchases exceeding the formal threshold indicated in the policies and procedures manual will require Commission Approval.

All responses must be in writing and returned to **ATTENTION: PURCHASING**, City of North Port, 4970 City Hall Boulevard, Suite 337, North Port, Florida, 34286 or by: Fax 941-429-7173, or by e-mail [purchasing@northportfl.gov](mailto:purchasing@northportfl.gov). Note the number of the Sole Source Information inquiry on documentation.

Information regarding this Intent may be viewed and downloaded from DemandStar's website at [www.demandstar.com](http://www.demandstar.com). Links to DemandStar are also available from the City website at [www.northportfl.gov](http://www.northportfl.gov). This Notice of Intent is posted on the City FTP site at <https://northportfl.gov/filesshare>. If you have any questions, concerns, or problems accessing this request using the link, please contact Bernice Moen, Contract Administrator I, at 941.429.7114. Request for additional information or clarification regarding the specifications must be sent via facsimile to 941.429.7173 or via email to [purchasing@northportfl.gov](mailto:purchasing@northportfl.gov). No verbal requests will be honored



March 5, 2024

**RE: Sole Source Letter - Handtevy Pediatric System**

To Whom it May Concern,

This letter is to confirm that Pediatric Emergency Standards, Inc. ("PES") is the sole source provider of the Handtevy Pediatric System. The Handtevy System addresses the complexities of the critical patient by providing the only comprehensive pediatric system of care in the industry. Handtevy combines customization, technology, documentation, integration, durables and education to allow healthcare professionals to confidently treat pediatric patients rapidly and with confidence.

Handtevy is sole source as a result of the following:

1. Handtevy utilizes a proprietary Medication Management Software that allows healthcare providers to create custom medication and equipment guides tailored 100% to their pediatric protocols.
2. PES offers a clinical team comprised of pediatric physicians, nurses, paramedics and pharmacists for ongoing support.
3. The Handtevy System is the only "hybrid" system in the industry. Hybrid means both age based and length based offering providers a way to determine weight for dosing via age or length.
4. The Handtevy System is the only system that addresses children from preemie to age thirteen, and includes adult as well.
5. Custom medication and equipment guides created by the provider (addressed in #1) can be utilized in hard copy or via Handtevy Mobile. Hard copy medication guides are tear-proof, and water-proof. Reproduction of the hard copy medication guide is not permitted due version control, liability and copyright issues.
6. Handtevy Mobile is the only platform that offers custom medication dosing and equipment sizing on a mobile platform that can integrate into the ePCR for data collection.
7. The Handtevy Instructor Course is only taught by PES employed educators and is meant to be utilized with the Handtevy Pediatric System.
8. The Handtevy Pediatric Bag is the only bag that utilizes ages to correspond with the Handtevy dosing system.

For more information, please visit our website at [www.Handtevy.com](http://www.Handtevy.com). Please feel free to contact me with any questions.

Thank you,

A handwritten signature in black ink that reads "Allison Antevy".

Allison Antevy  
President & CEO



# Invoice

Pediatric Emergency Standards, Inc.  
11860 W. State Road 84 Suite B1  
Davie, FL 33325

Invoice No:	Date:	Due Date:	Terms:
Inv-9124	02/05/2024	03/06/2024	Net 30

<b>Account Name:</b>
North Port Fire Department FL
<b>Account #:</b>
108780

<b>Customer PO:</b>
Signed Quote Received
<b>Account Rep:</b>
Jessica Barrios

<b>Bill To:</b>
4980 City Center Boulevard North Port, FL 34286

<b>Ship To:</b>
4980 City Center Boulevard North Port, FL 34286

Product Code	Product	Description	Qty	List Price	Discount	Sales Price	Total Price
HMPA23	Handtevy Mobile	Annual access to Handtevy Mobile. Access to Medication Management Software, Unlimited Clinical Updates Included, Clinical and Technical support	1.000	\$7,090.00	\$3,545.00	\$3,545.00	\$3,545.00

**Preferred Payment Method:**  
 Account #: 1234523028  
 ACH Routing #: 267084199  
 WIRE Routing #: 043000096  
 SWIFT Code: PNCCUS33  
 Account Name: Pediatric Emergency Standards, Inc.  
 Bank: PNC Bank  
 Bank Location: Pittsburgh, PA 15219

**Subtotal:** \$3,545.00  
**Tax:** \$0.00  
**Shipping & Handling:** \$0.00  
**Processing Fee:** \$0.00  
**Total:** \$3,545.00



**\*\*If a paper check is required, please mail to 11528 W State Rd. 84 #551658, Davie, FL, 33325.\*\***

For questions regarding this invoice please email [Accounting@Handtevy.com](mailto:Accounting@Handtevy.com) or call (954) 944-1114 ext. 5001.

**Thank You for your Business!**



# Procurement Request

## City of North Port

### Request

**Request Type \***

Sole/Single Source/Standardization

**Capital? (?)** No  Yes**PRR-EX (?)** Yes**FY \***

2024

**Type code \*****Preparer**

Kristina Smith

**Pre-Director Approver (?)**

Deanna Marshall

**Department \***

FIRE

**Division(s)****Commission Meeting? \*** Yes  No**Commission Override (?)** Yes  No**Purchase****Payment Method \*** Visa Purchase  Purchase Order**Purchase Type \*** Single Purchase (current FY)  
 Blanket Purchase (current FY)**Purchase SubType \*** None  Change Order  
 Amendment**Description \***

Annual access to handtevy mobile, access to medication management software, unlimited clinical updates included, clinical and technical support.

*Section 2-407 of the City of North Port Procurement Code provides guidelines for determining if good(s) or service(s) is/are a sole/single source. **All Sole/Single source requests will be posted on DemandStar & the City's Purchasing site for seven (7) calendar days.***

**Exemption Explanation (?) \***

The software is used with the handtevy kit that the Department already has. This software is the only software available to support the handtevy kit. The software also integrates with Imagetrend.

**Steps taken to verify these goods and/or services are not available elsewhere (?) \***

There is no other software can support hantevy devices and integrate with Imagetrend.

**Other vendors that were contacted (?) \***

N/A

**Technology Related? (?) \*** Yes  Renewal  No**Technology type \***

Software

**Exemption****Reason \***

Attach documentation from the manufacturer certifying the vendor selected is the only distributor/dealer/contractor for the products or services in question and/or holds the production, unique capability, copyrights, trademark, and/or patent to the item, and check the following applicable statement(s):

 Patent, copyright or unique design restrictions. (Sole Source) Proprietary rights in technical data and/or product formulations (e.g. cleaning compounds, lubricating oils, paint, etc.), which can only be determined through extensive laboratory analysis and examination. (Sole Source) Only producer, such as utility supplier or construction material supplier, that will meet the specialized needs of the department or perform the intended function. (Sole Source) Direct replacement parts, equipment or supplies that must be compatible with original equipment already installed but available only from the original equipment manufacturer. Most manufacturers have more than one dealer or distributor for their products. When this is the case, competition between dealers and/or distributors may be possible, eliminating the "sole or single source" restriction. (Single Source) When tests and/or demonstrations of equipment, supplies, part, etc. under actual operating conditions reveal superior quality, performance, design or other characteristics in a brand product(s), which is available from only one source. Testing must be performed as often as practical. (Single Source) Purchases for a brand product are to be made from one selected supplier, even though there are other suppliers that provide similar products. Options, such as pricing, availability, servicing, have been vetted and a supplier has been chosen that best meets the City's needs. (Single Source) Maintenance, repair services or warranty which require specialized test equipment, procedures, and technical expertise available only from the original equipment manufacturer or authorized/licensed dealer/field service representative. (Single Source)

The part(s)/equipment are required to permit standardization and operating efficiencies within the organization and the parts and equipment are only available through a sole or single source. If competition is available, the parts and equipment must be competed. For brand-specific items, quotes should still be obtained. (Standardization)

**Explanation \***

no other software can support hantevy devices and integrate with Imagetrend.

**Supporting backup \***

Click the Preview icon or right click link and select open in new tab or window to avoid downloading.

Handtevy Sole Source Letter.pdf

428.63KB

**DemandStar**

For Purchasing Division

**Date Posted**

**Sole/Single Source Number**

**Effective Date**

**Expiration Date**

**PostedPlusSeven**

Hidden

**Purchase Details**

**Line Items**

Item #	Description *	Unit of Measure	Quantity *	Unit Price *	Subtotal
1	Annual access to handtevy mobile, access to medication management software, unlimited clinical updates included, clinical and technical support	\$\$	3,545.00	\$1.00	\$3,545.00

**Shipping (?) \***

\$0.00

**Total Charges**

\$3,545.00

**Accounts (?)**

	Dept *	Account # (?) *	Project #	Amount *
1	FR	001-2222-526.49-14		\$3,545.00

**Total Payments**

\$3,545.00

**Comments To Budget (?)**

**Backup Attachments**



Click the Preview icon or right click link and select Open link in new tab or window to avoid downloading.

**Additional Backup**

Related NavLine Req, price sheet, quote, drawings, specifications, risk waiver, etc.

handtevy Invoice 2.28.2024.pdf

296.93KB

**Vendor Details**

**Vendor Information (?)**



Except for Emergency purchases, vendor MUST already be setup as a vendor in NavLine.

**Vendor Name \***

HANDTEVY

**Vendor Number \***

8171

**Contact**

**Vendor Email**

**Remittance Address**

**Phone**

**Vendor Documentation Current (?) \***

Yes  No

**Risk Documentation Current (?) \***

Yes  No  Waiver Attached

**YTD Expenses (?)**

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**Department Inclusive (?) \***

\$0.00

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**City Inclusive (?) \***

**Highest Approver (?) \***

FD and CM will be skipped on the back end, as needed.

Purchasing Approver