

## Sole Source Provider Request Form

Project Name: COVID-19 SUPPORT FOR COUNTY CONFINEMENT FACILITIES

Project Number: 16001-44665

Implementing Agency: GASTON COUNTY SHERIFF'S OFFICE

Authorizing Agency: GASTON COUNTY

Project Director: ALAN CLONINGER

E-mail Address: ACLONINGER@GCPS.ORG

Phone number: 704-869-6860

Proposed Amount of Invoice/Contract: \$ 74,217.69

This form is submitted as a formal request to use the services of the following contractor as a Sole Source Provider.

Contractor/Vendor Name: COLLIER'S MEDICAL EQUIPMENT

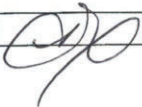
Reason for request:

- ☐ Service provider is continuing services already engaged from previous year(s)
- ☐ Advertising & research revealed that there no other service providers in the area (Attach details of the effort made in advertising and research)
- ☒ Other (explain below and attach additional documentation)

Sole source letter from Collier's Medical Equipment attached. Dated 11/29/22

Submitted by: ALAN CLONINGER

Date: 11/18/2022

<input checked="" type="checkbox"/> Approved	Reason for denial:
<input type="checkbox"/> Denied	
Date: 11/30/2022	Signature:  Anita Wilson-Merritt