PURCHASING AGENT
33 East Broadway Avenue
Meridian, ID 83642
Phone: 208-888-4433 Fax: 208-887-4813

CITY OF MERIDIAN

SOLE SOURCE FORM

Date: August 26,2024

Item or Service: Omega Thermo Products - Stainless-Steel Thermal Floor, and Related Equipment.

x Sole Source: Item is available from only one vendor. Item is one-of-a kind item and is not sold through distributors. Manufacturer is a sole distributor.

Refer to instructions on 2nd page for completion.

JUSTIFICATION: (Attach additional pages if needed)

The stainless-steel thermal floor and related equipment by Omega Thermo Products utilizes energy that's coming in via solar radiation through the greenhouse and transfers heat energy through the floor into the biosolids being dried, which effectively reduces the required greenhouse size by approximately seventy five percent. It is capable of operating at a much higher temperature than a concrete heated floor and has significantly higher heat transfer than a concrete floor as well. There are no known functional equivalent thermal floors on the market that perform as this one does.

Omega Thermo Products is the OEM Manufacturer and sells their products directly to customers exclusively, not sell through Distributors.

Therefore, the City of Meridian requests a sole source procurement for the Omega Thermal Products Stainless Steel Thermal Floor and related equipment per Idaho State Statute 67-2808 (viii), where competitive solicitation is impractical, disadvantageous or unreasonable under the circumstances.

CERTIFICATION:

I am aware of the requirements set forth in the City's Purchasing Policy & Procedures Manual for competitive bidding and the established criteria for justification for sole source/sole brand purchasing. I have gathered technical information and have made a concerted effort to review comparable/equal equipment. I hereby certify as to the validity of the information and feel confident that this justification for sole source/sole brand meets the City's criteria and is accurate.

DAVID BRIGGS

Requestor (Print Name)

Council Approval Date: _____

Waived

Department Manager Signature

Procurement Approval: _____

Procurement Manager