



Sole Source Justification Form

This form must be completed for all Sole Source purchase requests prior to submitting for Board approval or entering a requisition in the County's financial system.

Instructions: Please complete the form and provide as much detail as possible. Sign the form electronically and return completed form to MeckPro@MecklenburgCountyNC.gov for review. Once a decision is made the form will be returned to you.

Date: 11/1/24

North Carolina General Statute 143-129(e)(6) requires that Mecklenburg County procure all apparatus, supplies, materials and equipment ("Goods") totaling \$30,000 or more by competitively bidding unless:

- i. Performance or price competition for a product is not available;
- ii. A needed product is available from only one source of supply; or
- iii. Standardization or compatibility is the overriding consideration.

1. Requestor Information

Name: Jeffrey Smithberger

Title: Solid Waste Director

Phone Number: (980) 314-3863

Department: LUESA

2. Recommended Supplier

Supplier Name: CP Manufacturing, Inc.

Address: 6795 Calle de Linea

City, State, Zip: San Diego, CA 92154

Contact Name: Tom Taurone

Telephone: (619) 477-3175

Email: TomT@cpmfg.com

3. Sole Source Justification

a) Is the recommended supplier also the manufacturer? Yes No

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

c) Please explain why performance or price competition (i.e. only one source can supply the items or meeting the requirements) is not available for the desired commodity.

CP Manufacturing is the Original Equipment Manufacturer (OEM) for complex recycling equipment at the Mecklenburg County Materials Recycling Facility (MRF). CP supplies operationally critical conveyance systems for the Mecklenburg County Materials Recovery Facility (MRF), which processes all the residential curbside recycling within the county. These systems consist of conveyor belts, electric motor systems, gearboxes and motor control systems, vibratory screens and other complex and expensive items. The County must use CP Manufacturing equipment, as we cannot find other vendors, or manufacturers that have parts and equipment that fit the specialized needs of the MRF. In some instances, CP Manufacturing may be called upon to install specialty equipment that they provide.

Noting that the MRF is older and is now breaking down more frequently, therefore needing specialty parts and equipment, that only CP Manufacturing makes. Much of what is at the MRF is custom built. Maintaining daily operations at the MRF is critical to the overall county-wide recycling system. The MRF will be undergoing a retrofit in April 2025 and a different equipment manufacturer has been chosen for that work. Therefore, this request is only to cover equipment maintenance until the MRF is shutdown, which is not expected to be needed beyond FY25.

d) Please explain why compatibility and standardization are the overriding considerations for this purchase.

See description in letter c above.

The current material processing system at the MRF was designed and installed by CP Manufacturing and has been operational for over 14 years. Its original cost for the entire system was around \$14 Million.

Mecklenburg County Solid Waste estimates that \$150,000 in repair parts and operational equipment will be needed for FY25 for this special equipment. The life of the equipment has had to be extended due to unforeseen delays in construction of the new MRF on Amble Drive. The Department did not anticipate the need for extending the for the additional period.

The MRF operates 2 shifts daily to process the recyclable material and is the largest facility of its kind in North Carolina. The MRF contains unique equipment components that have specific requirements for replacement parts. Material conveyors need to be fully compatible with the existing equipment currently in use at the facility. Downtime due to incompatible conveyance parts and installation will have negative operational and cost impacts.

e) The specific supplier is the only source of the required item because (check all that apply):

- X A specific item is needed to be compatible or interchangeable with existing hardware.
- X A specific item is needed as spare or replacement hardware.
- X A specific item is needed for the repair or modification of existing hardware.
- A specific item is needed for technical evaluation or test.
- There is a substantial technical risk in contracting with any other contractor, thereby making that an unacceptable course of action (e.g., where only one contractor has been successful to date in implementing a difficult manufacturing process). In a brief explanation, provide supporting evidence of other contractor's with relevant capabilities and emphasize their inability to overcome the substantial technical risk.

f) Why are the requested goods the only item that can satisfy your requirements? Indicate the unique features of the product that are not available in any other product. Provide specific, quantifiable factors and qualifications.

CP Manufacturing is the processing equipment OEM and is the only company capable of providing the correct parts that will fit and function. CP Manufacturing equipment must be used to maintain compatibility with the operating equipment at the MRF.

g) Were alternative goods evaluated? Yes X No

a. If yes, what were they and why were they unacceptable? Please be specific regarding features, characteristics, requirements, capabilities and compatibility.

b. If no, why were alternatives not evaluated?

CP Manufacturing supplies directly to the County and therefore no other vendors are available. Their equipment is made special for this purpose.

TERM: One Time Purchase X Ongoing Purchase

I certify that the above information is true and correct and that I have no financial or other beneficial interest in the recommended vendor or deliverable services.

(Enter name), Department Manager Signature
(Electronic signature is sufficient)

Date: 11/1/2024_____

(Enter name), Department Director Signature
(Electronic signature is sufficient)

Date: _____

(Enter name), Deputy County Manager Signature
(Electronic signature is sufficient)

Date: _____

To Be Completed by Procurement Division Staff		Date Received:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Approval or Denial Reason:
Procurement Signature (electronic signature is sufficient):		