



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: IT
 Department Contact Person: Angela Green Telephone: 404 371-2374
 Email: adgreen@dekalbcountyga.gov

Requisition Number: _____ Suggested Supplier: Hewlett Packard
 Estimated Amount of Purchase: \$ 236,050.24
 Detailed Description of the Goods or Services to be purchased: 2018 Annual Software License Software, and Maintenance Support

Emergency (For Emergency Requests, Please check this box and answer all questions below.)

1. Date and Time of Emergency Occurrence: _____

2. Please state the nature of the emergency posing a risk to public health, welfare, safety or resources:

3. State how the Estimated Amount was determined to be Fair and Reasonable (attach supporting documentation):

Sole Source (Please check box and answer all of the following completely.)

1. Provide an explanation why the product, service or supplier requested is the only method that can satisfy the requirements. Please explain why alternatives are unacceptable. Be specific with regard to specification, features, characteristics, requirements, capabilities and compatibility. (Attach additional documents, if necessary):

HP products and services are proprietary to their manufactured equipment. DeKalb County utilizes HP services to cover server maintenance and proprietary software licenses used in support of all County business units. Support can only come through HP.

2. Will this purchase obligate us to a particular vendor for future purchases? (Either in terms of maintenance that only this vendor will be able to perform and/or if we purchase this item, will we need more "like" items in the future to match this one?) Explain in detail.

This does not lock the county into any W expenditures, however, as long as the county continues to use Hewlett Packard solutions, it will obligate us to Hewlett Packard for future maintenance and support costs. HP software is proprietary.

3. Explain the impact to the County or Public if this request is not approved.

If this maintenance contract is not renewed, and should a issue arises with any of the equipment/software that is covered under this contract; it would have an adverse impact on the County; and would impact our ability to ensure continuity of operations.

I hereby request that this non-competitive procurement request be approved for the purchase of the above stated work, material, equipment, commodity, or service.

Department Director (Typed/Printed Name) John Matelski Signature: _____ Date: 26 APR 18

Do Not Write Below – for the Department of Purchasing and Contracting Use Only

Procurement Agent (Typed/Printed Name) N. Harrison Signature: _____ Date: 5-4-18

Procurement Manager (Typed/Printed Name) Phyllis Head Signature: _____ Date: 5/8/18

Approved Not Approved

Signature: [Signature] Director, Department of Purchasing and Contracting Date: 5/8/18

Complete agenda item for BOC approval

Print Form