

## Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: E911 Communications

Department Contact Person: Lorraine Swinton Telephone: 404 423-9324

Email: lswinton@dekalbcountyga.gov

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	Est	quisition Number: 20190404170913 Suggested Supplier: Priority Dispatch imated Amount of Purchase: \$ 294,085.00
	De	ailed Description of the Goods or Services to be purchased:EFD Protocol
		Emergency (For Emergency Requests, Please check this box and answer all questions below.)
		Y Y
	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:
		and the designation of the complete complete production of the complete of the
	3.	State how the Estimated Amount was determined to be Fair and Reasonable (attach supporting documentation):
	Į,	Sole Source (Please check box and answer all of the following completely.)
		Provide and 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):
		ProQA is a proprietary, patented software product where it's components can only be supplied and supported by Priority Dispatch
	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.  Yes. Annual maintenance will be required.
	3.	Explain the impact to the County or Public if this request is not approved.
		E911 and DKFD will be unable to standardize the protocols and use the components available in ProQA to more efficiently dispatch fire rescue and subsequently open the county to liability issues.
l h	ere ork,	by request that this non-competitive procurement request be approved for the purchase of the above stated material, equipment, commodity, or service.
De	par	tment Director (Typed/Printed Name) M.G. Mooneyham   Signature: March   Signature: March   Date: 04/19/2
		Do Not Write Below – for the Department of Purchasing and Contracting Use Only
		rement Agent (Typed/Printed Name) Loute O - Amours 1 Signature: Date: 05-09-2019
210	cur	ement Manager (Typed/Printed Name) States Rebyen Signature: Que Nove Date: 5-9-201
<u></u>	1Ap	proved Not Approved
	~	ture: 2ad. Clays, Director, Department of Purchasing and Contracting Date: 5/14/19  Rev. 9/21/2017
		Agenda Item 2019-3701  Boc Date June 25, 2019