



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

Requesting Department: Facilities Management
 Department Contact Person: Barry Hyatt Telephone: 404 397-0808
 Email: bhyatt@dekalbcountyga.gov

Requisition Number: 701729 Suggested Supplier: KSL
 Estimated Amount of Purchase: \$ 171,528.24
 Detailed Description of the Goods or Services to be purchased: Janitorial Services for County facilities

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

1. Date and Time of Emergency Occurrence: 2/1/17

2. Please state the nature of the emergency posing a risk to public health, welfare, safety or resources:
 The original janitorial services contract has expired. We need to make sure these services are covered for February through April 2017 until the new Janitorial contract is in place and ready for use.

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.)

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.

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

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): _____ Signature: [Signature] Date: 03/28/2017

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

Recommendation and Comments

The service is needed until the new contract starts on April 28th [Signature]

Approved Not Approved

Signature: [Signature] Director, Department of Purchasing and Contracting Date: _____
Talisa Clark

Print Form