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Department of Purchasing and Contracting
NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Human Services Department
Department Contact Person: Darryl Blackwell Telephone: 404-337-5367
Email: dblackwell@dekalbcountyga.gov

Requisition Number: 812806 Suggested Supplier: Jojo Home Healthcare
Estimated Amount of Purchase: \$98,003
Detailed Description of the Goods or Services to be purchased: To provide in-home services for DeKalb County seniors

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

- Date and Time of Emergency Occurrence: April 26, 2019
- Please state the nature of the emergency posing a risk to public health, welfare, safety or resources:
 - The current vendor was going to cease providing in-home services to DeKalb County Seniors due to non-payment of the March 2019 invoice. The Department had taken more seniors off of the waiting list for in-home services which resulted in the funds being exhausted. The requested funds will carry the vendor through June 27, 2019, at which time the contract will not be renewed.
- State how the Estimated Amount was determined to be Fair and Reasonable (attach supporting documentation):

The amount was aggregated by the average amount the vendor has been paid.

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

- 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):
- 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.
- 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) Darryl Scott Signature: [Signature] Date: 4/26/19

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

Procurement Agent (Typed/Printed Name) T. Hardnett Signature: [Signature] Date: 4.29.19

Procurement Manager (Typed/Printed Name) Chorner Signature: [Signature] Date: 4/29/19

Approved Not Approved

Signature: [Signature], Director, Department of Purchasing and Contracting Date: 4/29/19
P&C Rev. 12/13/2018

Print Form

Prepare agenda item for CO to the contract and provide agenda item.

This request covers In-Home Services for Seniors provided by JoJo Home Healthcare Services, Inc. under CPA 1115602, with an award amount of \$189,832.00 and an expiration date of June 28, 2019.

The contract has remaining funds of \$11,450.95. The remaining funds will not cover payments owed for services rendered due to the department removing seniors off of the waiting list for in home services. The requested funds will cover services provided on open requisition (812806) in the amount of \$21,275.98 for services provided in the month of March 2019 and continue services through the term of the contract.

Recommend approving emergency purchase due to the risk that seniors may face to health and welfare if services cease.

Agenda Item Number 2019-~~3697~~
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