



Department of Purchasing and Contracting
NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Voter Registration and Elections
Department Contact Person: Shari Hillman Telephone: 404.298.4022
Email: smhillman@dekalbcountyga.gov

Requisition Number: Suggested Supplier: Dominion Voting
Estimated Amount of Purchase: \$ 104,000.00
Detailed Description of the Goods or Services to be purchased: ballot paper for voting system

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):

The State of Georgia purchased new voting equipment to used during the 2020 Election Cycle and beyond. The counties are required to purchase the ballot needed for the new system. The only vendor that counties are allowed to purchase such paper from is Dominion Voting.

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. Please see response to question above.

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

If the county does not approve this request, we will not be able to successfully use the state mandated voting system and therefore we will be in violation of State Election Law.

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) Erica D. Hamilton Signature: Date: 01/22/20

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

Procurement Agent (Typed/Printed Name) Laura Andrews Signature: Date: 1/30/2020

Procurement Manager (Typed/Printed Name) Debra Robinson Signature: Date: 1/30/2020

Approved Not Approved

Signature: Charles Director, Department of Purchasing and Contracting Date: