



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

Requesting Department: Finance  
Department Contact Person: Dena Reinoso Telephone: 404-371-6204  
Email: dreinoso@dekalbcountyga.gov

Requisition Number: \_\_\_\_\_ Suggested Supplier: Adapt To Solve (ATS)  
Estimated Amount of Purchase: \$167,000  
Detailed Description of the Goods or Services to be purchased: 6-month System Maintenance and 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):

**The County's utility billing system (Cpak) is a custom proprietary software that was installed in 2004. The system is used for Water & Sewer, Sanitation, Airport and other Miscellaneous billing.**

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.

**N/A**

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

**The Cpak system will continue to be the billing system of record until go-live of the replacement CIS system. The purpose of this request is to ensure that we can continue business and have adequate post implementation support. This would help to eliminate failures in revenue collection and bill servicing.**

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) Diana Williams Signature: Diana Williams Date: 7/9/2018

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

Procurement Agent (Typed/Printed Name) Brenda H. Redus Signature: Brenda H. Redus Date: 8/2/2018

Procurement Manager (Typed/Printed Name) Debris Robinson Signature: Debris Robinson Date: 8/2/2018

Approved  Not Approved

*Preparing Agenda Item for the 9/11/18 BOC meeting*

Signature: Zad Clark Director, Department of Purchasing and Contracting Date: 8/31/18