



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: IT
 Department Contact Person: Angela Green Telephone: 404 371-2374
 Email: adgreen@dekalbcountyga.gov

Requisition Number: _____ Suggested Supplier: Speridian Technologies
 Estimated Amount of Purchase: \$ 400,000.00
 Detailed Description of the Goods or Services to be purchased: 311 Accelerated Services

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):

Speridian is the only Oracle partner that can provide a tool (Gov CX 311 Accelerator) and services to accelerate the implementation/migration of Oracle Service Cloud for 311 and constituent services from Oracle EBS CRM.

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.

No obligation for further purchases from this vendor.

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

The County will be unable to implement the Oracle Cloud CRM solution in conjunction with the BOC and Administration mandate to enhance the delivery of 311 constituent services and to proceed with the proposed consolidation and modernization of same.

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) John Matelski Signature: John A. Matelski Date: 10/19/17

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

Procurement Agent (Typed/Printed Name) Pamela D. Williams Signature: Pamela D. Williams Date: 10/23/17

Procurement Manager (Typed/Printed Name) Delois Robinson Signature: Delois Rob Date: 10/26/17

Approved Not Approved

Signature: Lab. Clark Director, Department of Purchasing and Contracting Date: 10/27/17

1 Addressing Day remain

Print Form