



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

Requesting Department: Police- Criminal Investigation
 Department Contact Person: A/C. Catlin Telephone: 770 724-7774
 Email: abcatlin@dekalbcountyga.gov

Requisition Number: 806238 Suggested Supplier: NIBIN/BRASSTRAX
 Estimated Amount of Purchase: \$ 266,890.00
 Detailed Description of the Goods or Services to be purchased: Ballistic imaging technology

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):

NIBIN is a network that provides a catalyst to assist law enforcement in solving crime and gathering intelligence from ballistic imaging technology derived from a national data base. IBISTRAX-3D and IBISTRAX-HD3D is the only technology that will work on the ATF NIBIN network.

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. There is yearly maintenance. Any upgrades or like items that may be purchased in the future will be purchased through this vendor.

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

See last page.

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) James W. Conry Signature: _____ Date: 1/31/19

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

Procurement Agent (Typed/Printed Name) Jenifer Chapital Signature: _____ Date: 4-17-19

Procurement Manager (Typed/Printed Name) Delois Robinson Signature: _____ Date: 4-18-19

Approved Not Approved

Signature: Rad. Cearx, Director, Department of Purchasing and Contracting Date: 4/18/19