



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Finance
Department Contact Person: Vanita Stokes Telephone: 404 371-2738
Email: vstokes@deklbcountyga.gov

Requisition Number: _____ Suggested Supplier: Adapt To Solve (ATS)
Estimated Amount of Purchase: \$ 312,000.00
Detailed Description of the Goods or Services to be purchased: Annual Utility Billing Maintenance 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 billings that we pay annually. The qtlly support rates have increased approximately 20% for 2018.

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.

In the event of an emergency, there will be catastrophic repercussion severely limiting our ability to bill and collect Water and Sewer, Sanitation, and other Miscellaneous revenue.

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) _____ Signature: _____ Date: 12-6-17

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: _____

Procurement Manager (Typed/Printed Name) Delois Robinson Signature: Delois Rob Date: 12-28-17

Approved Not Approved

Signature: Cherise Clark, Director, Department of Purchasing and Contracting Date: 12/28/17

(Additional information, attach pages if required):

Below are the 2018 rates. As referenced on the Support invoice, it includes the first 1,000 hours of support per year if paid quarterly in advance. Any support hours over and above the first 1,000 would be billed at the Premium Rates below.

Staff/Service Level	Hourly Support	Premium Support
Project Management / DBA	\$295/hr	\$195/hr
Programmer / Analyst	\$225/hr	\$150/hr
Support	\$225/hr	\$150/hr
Training	\$225/hr	\$150/hr
Specialized Product Support	Market Rate Varies	Market Rate Varies