

PO 1158350

Department of Purchasing and Contracting
NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Human Services
Department Contact Person: Darryl Blackwell Telephone: 404-337-5367
Email: _____

Requisition Number: 812813 Suggested Supplier: Rem Kiks Homecare
Estimated Amount of Purchase: \$110,224.85
Detailed Description of the Goods or Services to be purchased: To provide in-home services to DeKalb County seniors

Emergency (For Emergency Requests, Please check this box and answer all questions below.)

1. Date and Time of Emergency Occurrence: 4/26/2019

2. Please state the nature of the emergency posing a risk to public health, welfare, safety or resources:

The current vendor needs to be paid through June 2019. We would have seniors without in-home services, which would be catastrophic to the seniors. The vendor

3. State how the Estimated Amount was determined to be Fair and Reasonable (attach supporting documentation):
currently has less than \$5,000 on their contract. Due to leaving seniors from written list funds were exhausted. Requested amount will cover vendor until June 2019.

The amount was aggregated by the average amount the vendor has been paid.

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):

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.

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

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): Darlene Scott Signature: _____ Date: 4/26/19

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

Procurement Agent (Typed/Printed Name) T. Hardnett Signature: _____ Date: 4.29.19

Procurement Manager (Typed/Printed Name) C. Horner Signature: _____ Date: 4/29/19

Approved Not Approved

Signature: Zaf Clark Director, Department of Purchasing and Contracting Date: 4/29/19
P&C Rev. 12/13/2018

Prepare agenda item for CO to the contract and provide agenda item #.

Print Form

Additional Justification

This request is to cover In-Home Services for Seniors, provided by Rem-Kiks Health Care Services under CPA 1115601 with an award amount of \$189,832.00 and an expiration date of June 27, 2019.

The contract has \$7,414.20 funds remaining. The remaining funds will not cover payments owed for services rendered due to the department removing seniors off of the waiting list for in home services. The requested funds will cover services provided on open requisition (812813) in the amount of \$29,125.85 in the month of March 2019 and continued services through the term of the contract.

Recommend approving the emergency purchase due to the risk that seniors may face to health and welfare if services cease.

Agenda Item Number 2019-3696