



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Dekalb County E911

Department Contact Person: Lorraine Swinton

Telephone: 404-423-9324

Email: lswinton@dekalbcountyga.gov

Agenda 2019-4723

Requisition Number: 845345

Suggested Supplier: APS

Estimated Amount of Purchase: \$ 106,880.00

Detailed Description of the Goods or Services to be purchased: _____

APS ticketing Subscriptions (cloud based)

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

1. Date and Time of Emergency Occurrence: 11/19/19

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

The hardware for the product has failed. We can no longer administer the product or access the systems on the server.

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):

APS is the sole source provider for Quickticket, SmartExport, Smartnumber, and Virtual partner Engine maintenance and support services currently utilized. Moving to Cloud base will eliminate usage of current failing servers.

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.

Annual Subscriptions to use product is required.

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

The product can no longer be supported on the current hardware and could result in reverting to issuance of paper citations and a manual process for the Courts, including the complication of items not appearing in DKPD RMS system.

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) M. G. Mooneyham Signature: [Signature] Date: 11/20/2019

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

Procurement Agent (Typed/Printed Name) LOLA O. MOONUS Signature: [Signature] Date: 11/21/2019

Procurement Manager (Typed/Printed Name) Delois Robinson Signature: [Signature] Date: 11/21/19

Approved Not Approved

Signature: [Signature], Director, Department of Purchasing and Contracting

Date: 12/5/19