



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

Requesting Department: Facilities Management

Department Contact Person: David Ford

Telephone: 404-297-3806

Email: daford@dekalbcountyga.gov

Requisition Number: 1053088

Suggested Supplier: B&W Mechanical

Estimated Amount of Purchase: \$ 379,010.00

Detailed Description of the Goods or Services to be purchased: \_\_\_\_\_

Replacement of Chiller #1 at Juvenile Justice Center

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

1. Date and Time of Emergency Occurrence: 4/9/2024 10:00am

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

Juvenile Justice Center is operating on the Backup chiller and a failure could be detrimental to the environmental conditions in the building. We need to expedite this request due to the circumstances of loss of cooling, lead time and the substantial cost of renting a chiller.

3. State how the Estimated Amount was determined to be Fair and Reasonable (attach supporting documentation):

B&W Mechanical provided quote under the Chiller Contract that expired on 2/29/2024

**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) Clyde Stovall

Signature: Clyde Stovall Date: 4/9/2024

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

Procurement Agent (Typed/Printed Name) \_\_\_\_\_

Signature: Danielle Swearingen Date: 5/8/2024

Procurement Manager (Typed/Printed Name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved

Signature: \_\_\_\_\_, Director, Department of Purchasing and Contracting Date: \_\_\_\_\_