



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Finance

Department Contact Person: Antoinette Elsberry

Telephone: 404 371 2620

Email: aelsberr@dekalbcountyga.gov

Requisition Number: _____

Suggested Supplier: Adapt To Solve (ATS)

Estimated Amount of Purchase: \$ 400,000.00

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

Annual Utility Billing Maintenance Support 7/1/20-6/30/21 (\$240,000.00 for quarterly premium support and \$120,000.00 Software Maintenance)

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.

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.

The CPak System will continue to be the billing system of record until go-live of the replacement CIS system. This request is to ensure that we can continue business and have adequate post implementation support and help to eliminate failures in revenue collection and billing servicing.

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) Dianne McNabb Signature: Dianne McNabb Digitally signed by Dianne McNabb
Reason: Date: 2020.03.12 13:24:04-0500 Date: 03/12/20

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

Procurement Agent (Typed/Printed Name) Brenda H. Redus Signature: Brenda H. Redus Date: 03/13/20

Procurement Manager (Typed/Printed Name) DeLois Robinson Signature: DeLois Robinson Digitally signed by DeLois Robinson
Reason: Date: 2020.03.13.08:19:13.0410 Date: 03/13/20

Approved Not Approved

Agenda Item 2020-0327

Signature: [Signature], Director, Department of Purchasing and Contracting Date: 3/13/2020