



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

Requesting Department: Police Services  
 Department Contact Person: Director Marshall Moneyham Telephone: (770) 724-7665  
 Email: mgmooney@dekalbcountyga.gov

Requisition Number: \_\_\_\_\_ Suggested Supplier: Motorola  
 Estimated Amount of Purchase: \$ 17,299,418.67  
 Detailed Description of the Goods or Services to be purchased: 5 year service agreement for County Radio System

**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):

DeKalb County utilizes a Motorola P-25 Smartzone Radio System which is proprietary. We seek a service agreement that provides support products for our communications network. This service contract is being proposed for a five year period, 2018 through 2022.

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.

Yes, These items must be serviced by an Authorized Motorola Service Provider, many of the Smartzone, Simulcast, and P-25 system technology software and hardware is proprietary.

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

If this sole source is not approved we would not be able to upgrade the current system nor would we be provided essential maintenance to keep the system in top condition; ensuring the safety of first responders and essential personnel in public works who rely on the system and equipment.

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: M.G. Mooneyham Date: 11/1/17

**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: 11/1/17

Procurement Manager (Typed/Printed Name) Delois Robinson Signature: Delois Robinson Date: 11/1/17

Approved  Not Approved

Signature: Laf. Clark Director, Department of Purchasing and Contracting Date: 11/1/17

(Additional information, attach pages if required):

Total cost includes 5% prepay discount based on annual payments as follows:

Year 2018	-	\$3,324,663.13
Year 2019	-	\$3,390,718.05
Year 2020	-	\$3,458,532.41
Year 2021	-	\$3,527,703.06
Year 2122	-	\$3,597,802.02