



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: FINANCE
 Department Contact Person: ANDRIA (LISA) WILLIAMS Telephone: 371-2238
 Email: lisawilliams@dekalbcountyga.gov

Requisition Number: _____ Suggested Supplier: Robert Half®
 Estimated Amount of Purchase: \$ 345,830.29
 Detailed Description of the Goods or Services to be purchased: TEMP. ACCOUNTING PROFESSIONALS

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

1. Date and Time of Emergency Occurrence: 2/7/17 0
2. Please state the nature of the emergency posing a risk to public health, welfare, safety or resources:

The Finance Department is approaching a critical deadline for the FY2016 CAFR. This required financial document is used to report the County's financial condition to both external and internal stakeholders. It also guides leadership in managing the fiscal integrity of DeKalb County.
3. State how the Estimated Amount was determined to be Fair and Reasonable (attach supporting documentation):

Based upon the staff and hours used for the past six months & future estimate.

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):

In order to comply with the County's upcoming CAFR audit, timely and accurate bank reconciliations must be completed. In order to ensure continuity, it is imperative the department retains the current temporary staff assigned to this project for the previous eight (8) months.
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.

The vendor would be used to provide continuity of services as it relates to the cash reconciliation project.
3. Explain the impact to the County or Public if this request is not approved.

Without accurate and timely bank reconciliations, the County's CAFR audit which is due on 6/30/17 would not be completed and submitted on time.

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): Pres L. Spivey Signature:  Date: 6-14-17

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

Recommendation and Comments

I recommend approval of this NCPDR to pay Robert Half for specialized temporary accounting personnel to ensure the County's compliance of the CAFR audit and meet GA requirement.

Approved Not Approved

Signature: Clara Clark Director, Department of Purchasing and Contracting Date: 6/14/17