



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

Requesting Department: Innovation & Technology  
Department Contact Person: Angela Green Telephone: 770 755-2241  
Email: adgreen@dekalbcountyga.gov

Requisition Number: \_\_\_\_\_ Suggested Supplier: Microsoft  
Estimated Amount of Purchase: \$ 999,627.00  
Detailed Description of the Goods or Services to be purchased: Microsoft Unified Support

☐ **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):

Microsoft Unified Support is a vital lifeline of support that is imperative to maintain in the event an issue was to occur. Office 365, SharePoint and the Windows Operating Systems is the core backbone for 90% of the county's enterprises systems and business processes.

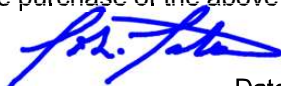
2. Will this purchase obligate us to a particular vendor for future purchases? (Either in terms of maintenance that only this vendor will be able to perform and/or if we purchase this item, will we need more "like" items in the future to match this one?) Explain in detail.

No.

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

Without the support renewal, access to patches, security alerts, and support will be non-existent delaying remediation response 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) John Matelski Signature:  Date: 05/06/24

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

Procurement Agent (Typed/Printed Name) Le'Shan Jones Signature: \_\_\_\_\_ Date: 5/21/2024

Procurement Manager (Typed/Printed Name) Phyllis A. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved ☐ Not Approved

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

**Print Form**

(Additional information, attach pages if required):