



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Finance
Department Contact Person: Vanita Stokes Telephone: 404 371-2738
Email: vstokes@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 7/1/19-6/30/20

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) _____ Signature: Dianne McCall Date: 5/6/19

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

Procurement Agent (Typed/Printed Name) Brenda Redus Signature: Brenda Redus Date: 5/6/19

Procurement Manager (Typed/Printed Name) Delois Robinson Signature: Delois Robinson Date: 5/6/19

Approved Not Approved

Signature: D.A.F. Clark Director, Department of Purchasing and Contracting Date: 5/7/19

(Additional information, attach pages if required):

Software Support Billing Rates

The Contractor will bill according to the level of the staff needed to fulfill support requests. These rates are for software-related services only.

We are requesting an additional 200 hrs @ 195/hr for possible support needed for implementation of the CIS project.

| Staff/Service Level | Hourly Support | Premium Support |
|-----------------------------|--------------------|--------------------|
| Project Management / DBA | \$295/hr | \$195/hr |
| Programmer / Analyst | \$225/hr | \$150/hr |
| Support | \$225/hr | \$150/hr |
| Training | \$225/hr | \$150/hr |
| Specialized Product Support | Market Rate Varies | Market Rate Varies |