



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

Requesting Department: Information Technology
 Department Contact Person: Angela Green Telephone: 404-371-2384
 Email: agreen@dekalbcountyga.gov

Requisition Number: _____ Suggested Supplier: Kronos Incorporated
 Estimated Amount of Purchase: \$168,123.42
 Detailed Description of the Goods or Services to be purchased: Maintenance and Support and Upgrade

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 **Single Source** (Please check one 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.):

KRONOS products is proprietary, DeKalb County Information Technology and various County Departments utilize KRONOS distributed products (i.e. server based) to record and track time in the County daily business cycle. Products and Services are propieta

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, as long as the county continue to use KRONOS distributed products in the County current Technology Environment.

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

If not approved, the County will not be able to produce payroll checks for employees. Additionally, the County will not have vendor support should an issue arise.

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 Muretski

Signature: _____ Date: 30 June 17

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

Recommendation and Comments

I recommend approval of this Sole Source for Kronos to provide proprietary software to record and track employee work hours for payroll. PDW

Approved Not Approved

Signature: _____, Director, Department of Purchasing and Contracting Date: _____

Print Form