



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: FINANCE (UCO)
Department Contact Person: ANTRAMEKA KNIGHT Telephone: 371-2011
Email: alknight@dekalbcountyga.gov

Requisition Number: _____ Suggested Supplier: AdaptToSolve
Estimated Amount of Purchase: \$ 217,000.00
Detailed Description of the Goods or Services to be purchased: Software support & hardware.

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

1. Date and Time of Emergency Occurrence: 5/1/17 2
2. Please state the nature of the emergency posing a risk to public health, welfare, safety or resources:

The anticipation is that DeKalb County will again go beyond the 1,000 hours covered by the 2017 Utility Billing contract due to efforts of the New Day Project. Therefore, Utility Customer Operations is requesting an additional 1,000 hours. This would be \$150,000.
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 support of the New Day Project the Utility Customer Operations department is requesting additional funds in the amount of \$217,000 be added to our approved AdaptToSolve 2017 Utility Billing Software Maintenance and Support contract.
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.
3. Explain the impact to the County or Public if this request is not approved.

Will impede the functionality of the New Day Project.

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) Resha L. Stevens Signature: _____ Date: 5-17-17

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

Recommendation and Comments

I recommend approval of this emergency increase for this Sole Source for AdaptToSolve to complete New Day Project in DeKalb County for Utility Billing System and Maintenance support. PDW

Approved Not Approved

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

Approval for Agency Item Submission for DeKalb County

This will be a Change Order to increase funds. The money has not been spent.