



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Innovation & Technology
Department Contact Person: Angela Green Telephone: 470 755-2241
Email: adgreen@dekalbcountyga.gov

Requisition Number: _____ Suggested Supplier: Convergint
Estimated Amount of Purchase: \$ 117,561.04
Detailed Description of the Goods or Services to be purchased: Avigilon Licenses and Cameras

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

1. Date and Time of Emergency Occurrence: 8/12/22

2. Please state the nature of the emergency posing a risk to public health, welfare, safety or resources:

Based on supply chain challenges, combined with the need to ensure fair & transparent elections, this purchase of cameras will be used to support the expansion of elections operations to the Sams Club. If the premises are not obtained, the cameras will be deployed at other locations.

3. State how the Estimated Amount was determined to be Fair and Reasonable (attach supporting documentation):

GA State Contract #99999-SPDSPD0000025- 002

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):

Empty dashed box for explanation.

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.

Empty dashed box for explanation.

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

Empty dashed box for explanation.

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: _____

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

Procurement Agent (Typed/Printed Name) Phyllis A. Head Digitally signed by Phyllis A. Head Date: 2022.08.12 11:55:11 -04'00' Signature: _____ Date: _____

Procurement Manager (Typed/Printed Name) Phyllis A. Head Digitally signed by Phyllis A. Head Date: 2022.08.12 11:55:11 -04'00' Signature: _____ Date: _____

Approved Not Approved

Signature: Cathryn Horner Digitally signed by Cathryn Horner Date: 2022.08.12 12:28:49 -04'00' Director, Department of Purchasing and Contracting Date: _____