



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

Requesting Department: E-911

Department Contact Person: Alesia Guest

Telephone: 678-406-7959

Email: ahguest@dekalbcountyga.gov

Requisition Number: \_\_\_\_\_

Suggested Supplier: Motorola

Estimated Amount of Purchase: \$ 17,242,831.26

Detailed Description of the Goods or Services to be purchased: \_\_\_\_\_

5 Year Service Agreement for County Radio System

☐ **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):

DeKalb County utilizes a Motorola P-25 Smartzone Radio System with proprietary. We seek a services agreement that provides support for our communications network. This services contract is being proposed for a five year period, 2023 through 2027.

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, These items must be services by an Authorize Motorola Service Provider, many of the Smartzone, Simulcast, and P-25 system technology software and hardware is proprietary.

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

If this sole source is not approved we would not be able to upgrade the current system nor would we be provided essential maintenance to keep the system in top condition; ensuring the safety of first responders and essential personnel in public works who rely on the system and equipment.

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) \_\_\_\_\_

Alesia H. Guest

Signature: Alesia H Guest

Digitally signed by Alesia H Guest  
Date: 2022.11.30 16:36:15 -0500

Date: 11/21/22

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

Procurement Agent (Typed/Printed Name) Brenda Redus

Signature: Brenda Redus

Date: 12/1/22

Procurement Manager (Typed/Printed Name) Delois Robinson

Signature: Delois Robinson

Digitally signed by Delois Robinson  
Date: 2022.12.05 15:18:21 -0500

Date: 12/5/22



Approved



Not Approved

COO Name: Zach Williams

Signature: \_\_\_\_\_

Zachary Williams

Signature: Signed by: Michelle N. Butler

Date & Time: 13 Dec, 2022 14:41:43 EST

P&C Rev. 12/13/2018

Department of Purchasing and Contracting

Signed by: Zachary L. Williams

Date & Time: 13 Dec, 2022 15:32:39 EST

Date: \_\_\_\_\_

**Print Form**

(Additional information, attach pages if required):

Total Cost includes 5% prepay discount based on annual payments as follows:

Year 2023	-	\$3,277,452.13
Year 2024	-	\$3,323,433.60
Year 2025	-	\$3,418,670.81
Year 2026	-	\$3,545,618.15
Year 2027	-	\$3,677,656.57