

P&C Rev. 9/21/2017

Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Police

Department Contact Person: Donnie James Telephone: 770 482-0325 Email: dljames@dekalbcountyga.gov Requisition Number: 824045 Suggested Supplier: IACP Estimated Amount of Purchase: \$ 33,300.00 Detailed Description of the Goods or Services to be purchased: Leadership Training/Mentoring Emergency (For Emergency Requests, Please check this box and answer all questions below.) Date and Time of Emergency Occurrence: 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 and 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): TACP offers specialized training specifically in the area of public safety for certified and civilian staff. The requested training is currently only offered through their organization and meets the goals of the department in providing this specialized/targeted training. 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. No. Explain the impact to the County or Public if this request is not approved. We are saving in cost by hosting this training versus sending officers to out of state locations. Non-approval of this request will limit the resources that provide officers with the tools needed to become better leaders in public safety. 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) Date: 7-15-19 1/Signature: Do Not Write Below – for the Department of Purchasing and Contracting Use Only Napra Signature Procurement Agent (Typed/Printed Name) Procurement Manager (Typed/Printed Name Signature: Approved Not Approved Signature: Director, Department of Purchasing and Contracting