

Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Police Services Department Contact Person: Janet Anderson Telephone: 7707247549 Email: Jaanderson@dekalbcountyga.gov Requisition Number: N/A Suggested Supplier: Mobile Communication 65 Estimated Amount of Purchase: \$ 2,400,000,00 Detailed Description of the Goods or Services to be purchased: Mobile and portable communications equipment repairs (including warranty), installs and removals of all specialized vehicle equipment. **Emergency** (For Emergency Requests, Please check this box and answer all questions below.) 1. 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): Radio communication equipment was awarded under contract 1089566 to Motorola. To insure coverage of warranty and any impact for all equipment interacting through the electrical system that could possibly void warranty Motorola has provided notification of Sole source for installations. 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 we are under contract with Motorola for the Radio System. Explain the impact to the County or Public if this request is not approved. If not approved work will not be completed as outlined in contract 1089566 with Motorola Solutions Inc. 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) #. (Lange in Signature: Date: 10/15/19 Do Not Write Below - for the Department of Purchasing and Contracting Use Only Procurement Agent (Typed/Printed Name) Brenda H. Redussignature: Sunt Medicate: 10/16/19 Signature: Procurement Manager (Typed/Printed Name)

Director, Department of Purchasing and Contracting

Not Approved

Signature

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