

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

Requesting Department: Voter Reg. & Electionstment Contact Person: Erica HamiltonTelephone: 404

Department Contact Person: Erica Hamilton Email: ehamilton@dekalbcountyga.gov

**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 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):

State Election Law only allows voting equipment to be purchased from Dominion Voting. If an alternative product is used the department and County would be in violation of Georgia Election Law.

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 previously stated we are bound by Georgia Election Law to purchase voting equipment from this vendor.

l l\_\_\_\_\_

3. Explain the impact to the County or Public if this request is not approved. The purchase of ten additional Dominion Voting ImageCast Central Kits-G2140 and EMS Adjudication Workstation Kits will the reduce the time needed for counting ABM Ballots, provide additional resources for the new recount process and serve as backup for the current 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)	Erica	Hamilton	Signature: Erica Hamilton	Manufacture and the second sec
Do Not Write Below – for the Department of Purchasing and Contracting Use Only				

Procurement Agent (Typed/Printed Name) Lola O. Awonusi Signature Signature Date: 04/29/20

Procurement Manager (Typed/Printed Name) Delois Robinson Signature: Delois Robinson Delois De

Approved Not Approved

Signature: \_\_\_\_\_\_, Director, Department of Purchasing and Contracting Date: \_\_\_\_\_\_\_ P&C Rev. 12/13/2018