



## JUSTIFICATION AND APPROVAL FOR ALLOWING AWARD OF CONTRACT WITHOUT COMPETITION

*(Section A must be completed by the User Department and then submitted to the Department of Purchasing & Contract Compliance)*

### **SECTION A**

**Department:** Sheriff's Office

**Department Contact:** Jimmy Butts

**Description of Supplies/Services:** To provide maintenance of the automated fingerprint identification system including software and hardware

**Demonstration of Contractor's Unique Qualifications:**

*NEC Corporation is the only vendor who can provide maintenance of the automated fingerprint identification system including software and hardware*

*(Section B must be completed by the Department of Purchasing & Contract Compliance)*

### **SECTION B**

#### **MARKET SURVEY**

**Results of Market Survey**

*Not Applicable*

**Date Public Notice posted on website:** January 20, 2010

**Date Public Notice closed:** February 20, 2010

#### **REVIEW OF OFFER(S)**

**Were any offers received (Y/N):** *No*

**Number of offers received:** *None*

**Respondents:** *Not Applicable*

**Date Offers submitted to User Department for review:** *Not Applicable*

**User Department review and recommendation:** *NEC Corporation*

**Purchasing Agent review and recommendation:** *Recommends issuance of purchase order to NEC Corporation*

## CERTIFICATION

Having conducted a good faith review of source availability regarding the materials, goods and or services stipulated herein, subsequent to consultation with the County Manager and the recommendation of the User Department, it has been determined that there is only one source available for the required work, labor or service to be done or the supplies, materials, or equipment to be furnished. Per the Fulton County Code of Ordinances §2-319, Conditions allowing for award of contract without competition.

I, Cecil S. Moore, Director, certify that the facts and representations under my cognizance which are included in this justification and its supporting documentation which form the basis for this justification are complete and accurate.

\_\_\_\_\_  
Cecil S. Moore  
Director

\_\_\_\_\_  
Date

I, Zachary Williams, County Manager, certify that the facts and representations under my cognizance which are included in this justification and its supporting documentation which form the basis for this justification are complete and accurate.

\_\_\_\_\_  
Zachary Williams  
County Manager

\_\_\_\_\_  
Date