| Req# | Dept | Date | Dept Head Signature | | Proposed Vendor | Amount |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|----------------------|---|---------------------------|--------|
| 1104 // | • | 04/22/2015 | John House Signature | | Sungard Public Sector | |
| A D | | | | 1 | (). (| |
| A Request For Waiver is required by the Town's Procurement Policies and Procedures. Check the box below that applies to the proposed purchase. | | | | | | |
| Sole Source/Proprietary Frocurement | | | | | Waive Purchase Procedures | |
| CHECK JUSTIFICATION(S) BELOW THAT APPLY TO THE PROPOSED PURCHASE AND SUPPLY DOCUMENTATION/EXPLANATION AS REQUIRED 1. Commodity/Service is from the original manufacturer or provider. There are no other distributors. (Findings must be documented below or attached) 2. The product is an integral part of existing equipment. Other brands not interchangeable. (State manufacturer and model number of existing equipment below.) 3. Only known product that meets the specialized needs of the department to bring about continuity of results. (Explain in detail below or attached) 4. Staff has had extensive training and/or experience with the product. Purchase of other than proposed product would incur substantial cost in re-training. (Explain in detail below or attached) 5. Purchase of this item/service is of an urgent nature because it is essential to public health & safety. (Describe in detail below) 6. Unable to obtain 3 or more quotes for item/service (Explain in detail below or attached) 7. None of the above apply. (State justification below and explain in detail) | | | | | | |
| Explanation: Sungard is the original provider of proprietary software. They are the only ones who can maintain the product. This waiver includes the main contract for \$50,100.00 plus maintenance fees on systems | | | | | | |
| Council will consider award on May 11, 2015 | | | | | | |
| | | | | | | |
| Reviewed by: Date: 423 15 Reviewed by: Date: 423 15 Reviewed by: Date: 423 15 | | | | | | |
| Reviewed | and Appro | oved by: | Finance Director | | Date: 403/5 | |
| Reviewed and Approved by: 1/000 San Date: 04/23/15 | | | | | | |