



COLLIN COUNTY

JUSTIFICATION FOR PREFERRED MANUFACTURER OR ITEM/SOLE SOURCE PER COURT

ORDER NO. 2010-131-02-08

PLEASE RETURN FORM WITHIN TEN (10) CALENDAR DAYS TO PURCHASING

I. BASIC INFORMATION

1. Name of Project/Item/System: **FY18 Intercom Replacement Adult Jail**
2. Requisition Number (if applicable): **There is not a requisition number.**
3. Name of Requesting Department and by whom: **Facilities Maintenance**
4. Are you requesting sole source? Yes or No? **No**
5. Are you requesting preferred manufacturer/provider? Yes or No? **Yes**
6. Will you accept an "or equal" for this item/system? Yes or No? **No**
7. Describe the reason for request for the purchase of item/system. Describe how the County will benefit from this purchase. Provide detailed information, examples, and explain how the County will benefit with the use of an item/system the *County does not currently have in operation.
*** Adult Jail Cluster One in two PODs, Adult Jail Infirmary and Juvenile Detention.**
The original intercom manufacture "DuKane" is no longer in business. There are no replacement boards or repair options. The DuKane boards must be replaced.
 - a. **Facilities Maintenance needs to service, maintain and stock parts for one single manufacturer.**
 - b. **The Tech Works replacement boards allow use of the existing wiring and field devices.**
8. Description of the benefit/need for a single Manufacturer or Item/System. Provide detailed information, examples, and explain how it would benefit the County to select a single manufacturer.
 - a. **Facilities Maintenance requests to service, maintain and stock parts for one single manufacturer.**

II. REQUESTED MANUFACTURER AND/OR ITEM/SYSTEM INFORMATION

1. State manufacturer or item/system, and length of time in business. List name of manufacturer and any specific brand/model numbers if a particular model is being suggested. Provide company information to prove stability related to warranties and maintenance.

a. Tech Works 30 years in Business

Initial Cost: Amp Boards \$726-16 CH Selector Board w/ Cables- Breakout Board \$565

2. What is the initial cost estimate? Initial cost estimate should include all costs associated with supplying a fully installed and working product. (Note: this cost will not be supplied by Purchasing as part of this justification).

a. Total approved FY18 budget \$177,000 * Tech Works replacement boards.

3. Describe any recurring costs associated with this request. Recurring cost should include any annual maintenance or inspections, utility cost if different from the other suppliers, and any known recurring costs that are not on an annual basis.

a. No reoccurring cost related to replacing the boards with Tech Works.

4. What is the Useful life associated with this request? Useful life should include the manufacturer's stated useful life or the normal warranty period supplied by the manufacturer. Useful life will be divided into the costs above to reach an annual cost

a. This information was not found on the manufactures site or literature.

5. Describe System benefits. System benefits should include any/all benefits to the County of the manufacturer's product/service over the comparison manufacturer's product that should be included in the decision process.

a. The Tech Works replacement boards allow use of the existing wiring and field devises.

- b. Using the Tech Works replacement boards the system will have lesser interruptions and downtime verses replacing the entire system.**

6. List other government entities or companies currently using this manufacturer's product/services for references purposes.

a. California State Prison, Corcoran, California

b. Memorial Medical Center (MMC) of Modesto, California

c. Community Regional Medical Center in downtown Fresno, California

d. Collin County Government- Adult Detention Center and Juvenile Detention

**III. DEPARTMENTS SHALL INCLUDE AT LEAST TWO (2) COMPARISON
MANUFACTURER'S/ITEMS/SYSTEMS**

Comparison Manufacturer and/or Item/System No. 1

1. State manufacturer or item/system, and length of time in business. List name of manufacturer and any specific brand/model numbers if a particular model is being suggested. Provide company information to prove stability related to warranties and maintenance.
 - a. **There are no other manufactures know to replace the DuKane boards.**
2. Initial cost estimate should include all costs associated with supplying a fully installed and working product. (Note: this cost will not be supplied by Purchasing as part of this justification).
N/A
3. Recurring cost should include any annual maintenance or inspections, utility cost if different from the other suppliers, and any known recurring costs that are not on an annual basis.
N/A
4. Useful life should include the manufacturer's stated useful life or the normal warranty period supplied by the manufacturer. Useful life will be divided into the costs above to reach an annual cost.
N/A
5. System benefits should include any/all benefits to the County of the manufacturer's product/service over the comparison manufacturer's product that should be included in the decision process.
N/A
6. List government entities or companies currently using this manufacturer's product/services for references purposes.
N/A

Comparison Manufacturer and/or Item/System No. 2

1. State manufacturer or item/system, and length of time in business. List name of manufacturer and any specific brand/model numbers if a particular model is being suggested. Provide company information to prove stability related to warranties and maintenance.

a. There are no other manufactures know to replace the DuKane boards.

2. Initial cost estimate should include all costs associated with supplying a fully installed and working product. (Note: this cost will not be supplied by Purchasing as part of this justification).

N/A

3. Recurring cost should include any annual maintenance or inspections, utility cost if different from the other suppliers, and any known recurring costs that are not on an annual basis.

N/A

4. Useful life should include the manufacturer's stated useful life or the normal warranty period supplied by the manufacturer. Useful life will be divided into the costs above to reach an annual cost.

N/A

5. System benefits should include any/all benefits to the County of the manufacturer's product/service over the comparison manufacturer's product that should be included in the decision process.

N/A

6. List other government entities or companies currently using this manufacturer's product/services for references purposes.

N/A

Signature of Requestor



Date:

1/29/18

Signature of Person completing form (if different)



Date:

1-29-18

Signature of Requesting Department Elected Official/Department Head



Date:

1-29-2018

Signature of Purchasing Agent, or designee

Mihaly Rein

Date: *1/30/18*

Approved/comments: *pending Commissioner Court + approval
of preferred manufacturer.*

Denied/comments: