



**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:** *Health and Wellness (Vendor: Systems Outsourcing & Support, Inc.)*

**Department Contact:** *Regina Stroud*

**Description of Supplies/Services:** *Manufacturing and publisher of SOS Dynamic Billing and Posting software in the United States.*

*Systems Outsourcing & Support, Inc. will provide a one (1) year Maintenance Agreement for electronic dynamic billing and posting software to facilitate electronic billing and posting of Medicaid, Medicare, and Insurance Claims with no transaction charges per claim for the Department of Health and Wellness; delivery, installation and support are included.*

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

*Systems Outsourcing & Support, Inc. (SOS, Inc.) is the sole source manufacturer and publisher of SOS Dynamic billing and Posting software in the United States. All updates, enhancements, and support are done solely by SOS, Inc. and its employees. SOS software cannot be licensed, sold, or supported by any other entity except Systems Outsourcing and Support, Inc. Systems Outsourcing and Support, Inc. has offices located at 3651 Peachtree Pkwy, Suite E #177, Suwanee, GA 30024.*

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

**SECTION B**

**MARKET SURVEY**

**Results of Market Survey**

**Date Public Notice posted on website:** *04/25/2013*

**Date Public Notice closed:** *04/29/2013*

**REVIEW OF OFFER(S)**

**Were any offers received (Y/N):**

**Number of offers received:**

**Respondents:**

**Date Offers submitted to User Department for review:**

**User Department review and recommendation:**

**Purchasing Agent review and recommendation:**

## 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, Felicia Strong-Whitaker, Purchasing Agent, 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.

\_\_\_\_\_  
Felicia Strong-Whitaker  
Interim Director

\_\_\_\_\_  
Date

I, R. David Ware, Interim 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.

\_\_\_\_\_  
R. David Ware  
Interim County Manager

\_\_\_\_\_  
Date