



# INFORMATION TECHNOLOGY

**Tameka Allen**  
Chief Information Officer

**Reggie Horne**  
Deputy Chief Information Officer

**Gary Hewett**  
Deputy Chief Information Officer

To: Ms. Geri Sams, Director, Procurement

OCT 4 PM 12:03

From: Ms. Tameka Allen, CIO

Date: October 2, 2023

**Subject: Request for Approval – Digital Evidence Presentation System for District Attorney**

The Information Technology Department along with the District Attorney's Office has been exploring options for implementing a Digital Evidence Presentation System in the DA's Grand Jury Room.

Earlier this year, the Augusta Commission approved an agenda item from Superior to amend a previous APRP grant award from \$2,000,000 to \$2,500,000 for the purpose of upgrading Audio-Visual equipment in selected courtrooms at the Ruffin Judicial Center. That agenda item included the selection of BIS Digital as the vendor who would implement these AV upgrades. In the attached proposal, BIS Digital has proposed a system that is similar in functionality to what is being implemented in the courtrooms albeit at a smaller scale.

We are requesting that this sole source be approved for the purpose of standardizing equipment across the Judicial Center as BIS Digital is already at work upgrading other AV Equipment. Implementing this solution will cost \$30,175.00. Funding for this implementation will come from both the IT Department and the DA's Office (272015410-5316250 and 101021310-5316220).

I am sending this request through Procurement and am requesting your approval to proceed with this endeavor and require your signature below. If you approve this request, we will then forward to the Commission for final approval.

Thank you in advance for your consideration and response.

Approve/Deny:   
Ms. Geri Sams, Director, Procurement

Date: 10/4/23

Attachment

**Information Technology**  
535 Telfair Street, Building 2000  
Augusta, GA 30901  
(706) 821-2522 – FAX (706) 821-2530  
[www.AugustaGa.gov](http://www.AugustaGa.gov)



Print Form

**Sole Source Justification (Reference Article 6, Procurement Source Selection Methods and Contract Awards, § 1-10-56 SOLE SOURCE PROCUREMENT)**

Vendor: BIS Digital E-Verify Number: 315365

Commodity: Evidence Presentation System

Estimated annual expenditure for the above commodity or service: \$ \$30,175.00

Initial all entries below that apply to the proposed purchase. Attach a memorandum containing complete justification and support documentation as directed in initialed entry. (More than one entry will apply to most sole source products/services requested).

- \_\_\_\_\_ 1. SOLE SOURCE REQUEST IS FOR THE ORIGINAL MANUFACTURER OR PROVIDER, THERE ARE NO REGIONAL DISTRIBUTORS. (Attach the manufacturer's written certification that no regional distributors exist. Item no. 4 also must be completed.)
- \_\_\_\_\_ 2. SOLE SOURCE REQUEST IS FOR ONLY THE AUGUSTA GEORGIA AREA DISTRIBUTOR OF THE ORIGINAL MANUFACTURER OR PROVIDER. (Attach the manufacturer's — not the distributor's — written certification that identifies all regional distributors. Item no. 4 also must be completed.)
- \_\_\_\_\_ 3. THE PARTS/EQUIPMENT ARE NOT INTERCHANGEABLE WITH SIMILAR PARTS OF ANOTHER MANUFACTURER. (Explain in separate memorandum.)
- \_\_\_\_\_ 4. THIS IS THE ONLY KNOWN ITEM OR SERVICE THAT WILL MEET THE SPECIALIZED NEEDS OF THIS DEPARTMENT OR PERFORM THE INTENDED FUNCTION. (Attach memorandum with details of specialized function or application.)
- \_\_\_\_\_ 5. THE PARTS/EQUIPMENT ARE REQUIRED FROM THIS SOURCE TO PERMIT STANDARDIZATION. (Attach memorandum describing basis for standardization request.)
- \_\_\_\_\_ 6. NONE OF THE ABOVE APPLY. A DETAILED EXPLANATION AND JUSTIFICATION FOR THIS SOLE SOURCE REQUEST IS CONTAINED IN ATTACHED MEMORANDUM.

The undersigned requests that competitive procurement be waived and that the vendor identified as the supplier of the service or material described in this sole source justification be authorized as a sole source for the service or material.

Name: Reggie Horne Department: Information Technology Date: 10/2/2023

Department Head Signature: [Signature] Date: 10/2/2023

Approval Authority: [Signature] Date: 10/3/2023

Administrator Approval: (required – not required) \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: