



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
From: Ms. Tameka Allen, CIO
Date: June 20, 2024
Subject: Request for Approval – Webex Contact Center Migration for UCCX

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Cisco Unified Contact Center Express is the Call Center software supported and maintained by the Information Technology Department that allows multiple City Departments to provide public-facing customer service through Call Centers and Interactive Voice Response technologies. Among the Departments and Offices using this technology are the 311 Department, the Utilities Department, the Information Technology Department, and the Tax Commissioner's Office.

The current version of UCCX is in need of an upgrade that will include a migration to the cloud in order to support the ongoing processes of these Departments as well as to keep up with the ever-changing pace of technological development within this specialized system environment. This cloud migration will result in a better user experience for the Departments/Offices utilizing this technology.

I've attached the proposal from Logicalis for this project, and it includes all the necessary work components to complete this upgrade and migration.

The total cost of this upgrade is \$36,451.00 to be funded from the SPLOST V Software Allocation funds. I am sending this request through Procurement for sole-source authorization. I am requesting sole-source approval as Logicalis is the only vendor capable of completing this upgrade as they are the original implementor of our UCCX system environment. Upon your review and approval, this item will be submitted to the Augusta Commission for final approval.

Thank you in advance for your consideration and response.

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

Date: 6/24/24

Attachment

Information Technology
535 Telfair Street, Building 2000
Augusta, GA 30901
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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: Logicalis E-Verify Number: 148902

Commodity: Contact Center Migration for UCCX

Estimated annual expenditure for the above commodity or service: \$ 36,451.00

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.)
- X 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: 6/20/2024

Department Head Signature: [Signature] Date: 6/20/24

Approval Authority: [Signature] Date: 6/24/24

Administrator Approval: (required) not required Date:

COMMENTS:

Require Com Approval