

**Sole Source Justification/Approval Form**

REQ # \_\_\_\_\_

PO # \_\_\_\_\_

Complete this form when only one source is available for goods or services requested or when only one product will meet your needs. Respond to all questions that apply. Please complete and forward to the Purchasing Department, along with Sole Source letter provided by vendor. If more space is needed, please attach additional page(s).

**PURCHASE INFORMATION**

1. Provide Estimated Price.

2. Provide name, manufacturer, and model number of item being purchased or the services to be purchased.

3. Provide Description of requested items or services and their purpose(s). Add additional sheet if needed.

4. Reason(s) for requesting a sole source purchase:

- Original manufacturer or provider.
- Only local distributor for the original manufacturer or provider.
- Only known item or service matching the requested needs or performing the intended task.
- Sole provider of a licensed or patented good or service.
- Sole provider of items compatible with existing equipment, inventory, systems, programs or services.
- Sole provider or factory-authorized warranty service.
- None of the above applies (Please attach a detailed explanation and justification for this sole source request.)

5. Explain why the product or service requested is the only one that can satisfy your requirements.

6. Identify other sources reviewed and why they are unacceptable. Be specific with regard to specifications. Attach additional pages if necessary.

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for a sole-source or proprietary purchase.

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Print/Type Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Department Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**PURCHASING USE ONLY**

Approved by: \_\_\_\_\_  
**Purchasing Manager (or designee)**

Date: \_\_\_\_\_



## Budgetary Quote

This document is for informational purposes only. Pricing is subject to change.

Created Date: 02/14/2023

Expiration Date: 03/31/2023

Quote Number: Q-08581

Prepared By: Jesse Mund

Phone: 7138996379

Email: jesse.mund@flocksafety.com

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### Address Information

Bill To:

4301 City Point Dr  
North Richland Hills, Texas 76180

Ship To:

4301 City Point Dr  
North Richland Hills, Texas 76180

Billing Company Name: TX-North Richland Hills

Billing Contact Name: Rowlette Williams

Billing Email Address: rwilliams@nhrtx.com

Billing Phone: 817-427-7078

Billing Fax:

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### Terms and Conditions

Contract Start Date: 03/31/2023

Subscription Term: 24 Months

Billing Frequency: Prepay for 2 years

Frequency: 100% Upfront

# flock safety

## Professional Services and One-Time Purchases

Services and One Time Fees	Service Description	Sales Price	Quantity	Total Price
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## Hardware and Software Products

Annual recurring amounts over subscription term

Products	Product Description	Product Sales Price	Product Quantity	Annual Product Price
Raven Audio Detection Device - 1mi	Raven Audio detection - 1 square mile of coverage. Number of units deployed depends on geography and density of area. Raven detection is license by coverage area, not number of units.	\$25,000.00	4	\$100,000.00

<b>Subtotal Year 1:</b>	\$100,000.00
<b>Annual Recurring Subtotal:</b>	\$100,000.00
<b>Subscription Term:</b>	24 Months
<b>Estimated Tax:</b>	\$0.00
<b>Contract Total:</b>	\$200,000.00

Special Terms: TAG funding to prepay for 2 years of services for a total amount of \$200,000, and the product is to be installed and managed by the city of Fort Worth. At the end of the 2 year agreement, the city of Fort Worth will need to determine to continue service.

*Prices shown above do not include any taxes that may apply. Any such taxes are the responsibility of Customer. This is not an invoice – this document is a non-binding proposal for providing informational purposes only. Pricing is subject to change. This proposal shall be valid until the documented expiration date.*