



Sole Source Justification Form

This form must be completed for all Sole Source purchase requests prior to submitting for Board approval or entering a requisition in the County's financial system.

Instructions: Please complete the form and provide as much detail as possible. Sign the form electronically and return completed to Brian Lowman, Procurement Analyst - Subject Line: Sole Source (enter department name and description of good). Once a decision is made the form will be returned to you.

Date of Request: 7/8/2026

North Carolina General Statute 143-129(e)(6) requires that Mecklenburg County procure all apparatus, supplies, materials and equipment ("Goods") totaling \$30,000 or more by competitively bidding unless: Performance or price competition for a product is not available; A needed product is available from only one source of supply; or Standardization or compatibility is the overriding consideration.

1. Requestor Information

Name: Michael Dickerson Title: Director of Elections
Phone Number: 980/314-0665 Department: Board of Elections

2. Recommended Supplier

Supplier Name: Elections Systems & Software
Address: 11208 John Galt Blvd City, State, Zip: Omaha, NE, 68137-2364
Contact Name: Cara Florence Telephone: 803/629-2217 Email:
Cara.Florence@ESSVote.com

3. Sole Source Justification

Is the recommended supplier also the manufacturer? ☒ Yes ☐ No
Does the manufacturer sell the item(s) through distributors? ☐ Yes ☒ No

Please explain why performance or price competition (i.e. only one source can supply the items or meeting the requirements) is not available for the desired commodity.

Any Election related equipment used in the administration of NC Elections must be approved and certified by the NC State Board of Elections. NC Election Offices are mandated to abide by the guidelines set forth by the NC State Board of Elections and can only use election equipment from vendors who have been certified by the State; which means we are required to use this single source in order to secure equipment that is compatible with our current voting system structure. The pricing is set by the State Contract with the vendor and it is mandatory that the vendor maintains the expected performance of the equipment as reflected in our required maintenance agreement with the vendor.

Please explain why compatibility and standardization are the overriding considerations for this purchase.

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capatible with our current voting system structure. Because we are purchasing a product that meets the guidelines setforth by the State,we ensure that the compatibility and standardization of the proposed new equipment will follow the required State guidelines as is mandated to move forward with this purchase and enusres that the hardware and software are compatible with our current election equipment so that we are able to perform the administration of our election processess successfully according to state law and any mandates or rules from the NC State Board of Elections.

The specific supplier is the only source of the required item because (check all that apply):

- ☒ A specific item is needed to be compatible or interchangeable with existing hardware.
- ☐ A specific item is needed as spare or replacement hardware.
- ☐ A specific item is needed for the repair or modification of existing hardware.
- ☐ A specific item is needed for technical evaluation or test.
- ☐ There is a substantial technical risk in contracting with any other contractor, thereby making that an unacceptable course of action (e.g., where only one contractor has been successful to date in implementing a difficult manufacturing process).

In a brief explanation, provide supporting evidence of other contractor's with relevant capabilities and emphasize their inability to overcome the substantial technical risk.

Why are the requested goods the only item that can satisfy your requirements? Indicate the unique features of the product that are not available in any other product. Provide specific, quantifiable factors and qualifications.

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Were alternative goods evaluated? ☐ Yes ☒ No

If yes, what were they and why were they unacceptable? Please be specific regarding features, characteristics, requirements, capabilities and compatibility.

If no, why were alternatives not evaluated?

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TERM: ☒ One Time Purchase ☐ Ongoing Purchase

I certify that the above information is true and correct and that I have no financial or other beneficial interest in the recommended vendor or deliverable services.

(Enter name), Department Manager Signature
(Type full name for signature)

Date: [Click to enter a date.](#)

Michael Dickerson
(Enter name), Department Director Signature
(Type full name for signature)

Date: Click to enter a date.

Derrick Ramos 7/30/26
(Enter name), Deputy County Manager Signature
(Type full name for signature)

Date: Click to enter a date.

By typing your full name above, you are providing your approval and electronic signature. A DocuSign or handwritten signature is **not required**.

To Be Completed by Procurement Division Staff	Date Received: 07/30/2026
☒ Approved ☐ Denied Approval or Denial Reason: standardization of required equipment per state BOE	
Procurement Signature (Type full name): Teresa Rausch, Procurement Director	

Rev. 8/30/24; 02/2020; 10/09/2025TM