Form Name:	Non-Competitive Form
Submission Started:	May 21, 2026 10:01 am
Browser:	Chrome 148.0.0.0 / Windows
IP Address:	32.140.232.250
Unique ID:	1463087404
Request ID:	#837
Submission Completed:	May 21, 2026 10:09 am
Process Time:	0 day(s), 0 hour(s), 8 minute(s), 53 second(s)
Participant(s):	Stephanie Cochran
Location:	34.1138, -83.9991

Department	Police, including E911 & Jail
Originator's Name	Pam Futch
Purchasing Exceptions	Licensed computer software and associated support/maintenance

Budgetary Information

Budgeted	Yes
Fund	General Fund
Account Name/Project Name	IT Professional Services
Account #/Project #	10031100-523900
Subject to Green Ordinance	Yes

General Information

Date	05/21/2026
Originator's Email	pfutch@alpharetta.ga.us
Department Director/Designee Name	Stephanie Cochran
Department Director/Designee Email	scochran@alpharetta.ga.us
Requisition #	260888
Requisition $	$34,800.00
Vendor Name	Flock Group, Inc.

Department Director Approval

Name	Stephanie Cochran
Date/Time	May 21, 2026 10:09 AM
Department Director Approval	Approve

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-94627
Invoice Date:	5/21/2026
Due Date:	6/20/2026
Payment Terms:	Net 30
PO#:	
W-9 Form	[Download]
Certificates of Insurance	[Download]

Bill To: GA - Alpharetta PD
2565 Old Milton Parkway
Alpharetta, Georgia, 30009

Ship To: GA - Alpharetta PD
2 Park Plz
Alpharetta, Georgia 30009

Billing Company Name:	GA - Alpharetta PD
Billing Contact Name:	Alpharetta Pd AP
Billing Email Address:	pspayable@alpharetta.ga.us
Payment Terms:	Net 30
Contracted Billing Structure:	Annual - First Year at Signing

Notes: GA - Alpharetta PD FlockOS: Year 2 of 24 Month Term, 2026 - 2027

Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
FlockOS™ Elite Package	1	$30,000.00	$0.00	$30,000.00
Flock Safety Video Integration VMS, fka Wing	200	$24.00	$0.00	$4,800.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services:

Subtotal:	**$34,800.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$34,800.00**

If you have questions about your invoice, are providing an exemption certificate or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

flock safety

INVOICE

Flock Group Inc dba Flock Safety
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Invoice Number	INV-94627
Invoice Date:	5/21/2026
Due Date:	6/20/2026
Payment Terms:	Net 30
PO#:	

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-94627 Mail to: PO Box 121923 Dallas, TX 75312-1923 *If paying by check, please include the remittance slip below.*	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S *If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

.....

Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:
Flock Group Inc
PO Box 121923
Dallas, TX 75312-1923

Or

If sending via UPS, FedEx or USPS:
Flock Group Inc
891923
885 East Collins Boulevard,
Suite 110
Richardson, TX 75081

Account: GA - Alpharetta PD

Invoice # INV-94627

Amount Due: **$34,800.00**

Amount Enclosed: $_____

AFFIDAVIT VERIFYING CONTRACTOR PARTICIPATION IN FEDERAL WORK AUTHORIZATION PROGRAM

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the **City of Alpharetta (GA)** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b).

Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

1433513
Federal Work Authorization (E-Verify) User Identification Number

July 23, 2019
Date of Authorization

Flock Group Inc
Name of Contractor

Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on November 28, 2022 in Pacifica (city), CA (state).

Signature of Authorized Officer or Agent

Mark Smith General Counsel
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn Before Me On This The _____ Day of _____, 20____.

Notary Public

My Commission Expires: _____

Please See Attachment of Notarization and Seal

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

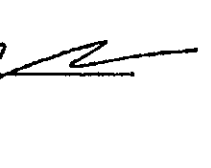
STATE OF CALIFORNIA }

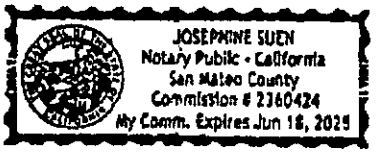
COUNTY OF SAN MATEO }

Subscribed and sworn to (or ~~affirmed~~) before me on this 28th day of November, 2022

by Mark Antonio Smith

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature 



OPTIONAL

Description of Attached Document

Title or Type of Document: Affidavit Verifying Contractor Participation in Federal Work Authorization Program

Number of Pages: 1

Document Date: _____

Other: The City of Alpharetta, Georgia

Other: _____