

## CITY OF MADISON • FINANCE DEPARTMENT • PURCHASING SERVICES

## Non-Competitive Selection Request

Date:	03/06/2024			
Requisition Number:		(8 characters)		
Requestor Name:	Daniel Stattelman-Scanlan			
Requestor Phone Number:	608-576-3109			
Requestor Email:	dstattelman-scanlan@publichealthmdc.com			
Fund:	6100 PUBLIC HEALTH MADISON DANE			
Agency:	32 PUBLIC HEALTH MADISON DANE			
Major:	<ul> <li>□ 53*** Supplies/Goods</li> <li>□ 541** Utilities</li> <li>□ 542** Building/Facility Maintenance/Repair</li> <li>□ 543** Software/Equipment Maintenance/Repair</li> <li>□ 544** Public Works Maintenance/Repair</li> <li>□ 545** Training/HR-Related Services</li> <li>✓ 546** Consulting/Professional Services</li> </ul>			
		/Loans/Insurance/Other Services		
Total Purchase Amount:	int: \$175,000.00			
Vendor Name:	ndor Name: Nurse Family Partnership			
Product/Service Description:	Program educatio	n and implementation support services		
	\$50,000 and UND This form will be s	ER ent to the Purchasing Supervisor for review.		
OVER \$50,000  Complete this form and draft a resolution using the sample resolutions provided by the City Attorney to your Budget Analyst. Your resolution will not be added to the Finance Committee agenda without this form.				
Check the box(es) for the except	ion criteria you fee	l are applicable:		
<ol> <li>Public exigency (emer processes.</li> </ol>	gency) will not per	mit the delay incident to advertising or other competitive	<u>;</u>	
<ul><li>Z. The services or goods</li></ul>	required are availa	ble from only one person or firm (i.e., <b>true</b> sole source).		
3. The services are for p	rofessional services	to be provided by attorneys.		
4. The services are to be	4. The services are to be rendered by a university, college, or other educational institution.			
<ul> <li>5. No acceptable bids have been received after formal advertising.</li> </ul>				
6. Service fees are estab	lished by law or pro	ofessional code.		

<b>~</b>	<ol> <li>A particular consultant has provided services to the City on a similar or continuing project in the recent past, and it would be economical to the City on the basis of time and money to retain the same consultant.</li> </ol>	
	8. Otherwise authorized by law, rule, resolution, or regulation. Explain:	
<b>✓</b>	If procurement is being paid with Federal or State grant funds, the vendor was identified by name in the approved Grant Application. (OPTIONAL)	
REAS	SON FOR REQUEST	
Provi servi uniqu detai	A COMPETITIVE SELECTION PROCESS CANNOT BE USED: de detailed explanation below. For a true sole source, provide all information to explain why this product or see can only be purchased from this vendor. For one-of-a-kind items not sold through distributors, explain the e performance features of the product requested that are not available from any other product. For services, the unique qualifications this vendor possesses, or other reason(s) that meet the criteria selected above. If y specific, measurable factors and qualifications.	
Public Health Madison Dane has been implementing the Nurse Family Partnership(NFP) Home visiting program since 2012. This is an evidenced based proprietary program to support low income pregnant people and their families. There are annual costs inluded with implementing the NFP program and ongoing staff training. This is required to ensure fideltity to the model. The contract with NFP will be for 5 years and the annual fees will be \$35,000. We do recieve state grant dollars for this program and NFP vendor was identified by name in the grant approval application.		
CON	IMENTS REGARDING PURCHASES OVER \$50,000	
The City of Madison has paid \$258,519 to the Nurse Family Partnership since 2015, with \$177,621 of it through non-competitive selection, and the remaining \$80,898 made through many small purchases under the threshold requiring competitive selection.		
Date: 03/11/2024		
	Submit	