SUBMIT VIEW



CITY OF MADISON • FINANCE DEPARTMENT • PURCHASING SERVICES

## Non-Competitive Selection Request

Date:	10/29/2024	
Requisition Number:	(8 characters)	
Requestor Name:	Eric Veum	
Requestor Phone Number:	608-266-5965	
Requestor Email:	eveum@cityofmadison.com	
Fund:	2220 WORKER'S COMPENSATION	
Agency:	76 WORKERS COMPENSATION	
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Major:	53*** Supplies/Goods	
	541** Utilities	
	☐ 542** Building/Facility Maintenance/Repair ☐ 543** Software/Equipment Maintenance/Repair	
	544** Public Works Maintenance/Repair	
	545** Training/HR-Related Services	
	<b>▼</b> 546** Consulting/Professional Services	
	548** Grants/Loans/Insurance/Other Services	
Total Purchase Amount:	\$160,680.00	
Vendor Name:	Wisconsin Municipal Mutual Insurance Company	
Product/Service Description:	Workers' Compensation Third Party Claims Administration	
	\$50,000 and UNDER This form will be sent 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 exception criteria you feel are applicable:		
1. Public exigency (emer processes.	rgency) will not permit the delay incident to advertising or other competitive	
2. The services or goods	required are available from only one person or firm (i.e., true sole source).	
<ul><li>3. The services are for p</li></ul>	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.	
5. No acceptable bids have been received after formal advertising.		
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	7.	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.
	8.	Otherwise authorized by law, rule, resolution, or regulation. Explain:
		ocurement is being paid with Federal or State grant funds, the vendor was identified by name in the roved Grant Application. (OPTIONAL)
REAS	SON	FOR REQUEST
Provid servic uniqu detail	de <b>de</b> ce can le per lthe u	MPETITIVE SELECTION PROCESS CANNOT BE USED: tailed explanation below. For a true sole source, provide all information to explain why this product or only be purchased from this vendor. For one-of-a-kind items not sold through distributors, explain the formance features of the product requested that are not available from any other product. For services, nique qualifications this vendor possesses, or other reason(s) that meet the criteria selected above. ecific, measurable factors and qualifications.
2004. quote servic	Give came ce, the	s been using Wisconsin Municipal Mutual Insurance Company (WMMIC) for its TPA services since in the costs, time and resources needed to go out for RPF we asked WMMIC for a renewal quote. The in on good terms. In addition to the significant time and cost savings by staying with WMMIC for this city is also an equity owner of WMMIC and costs paid for the TPA services are shared by the City in budget making the costs even lower.
<b>1</b>		Submit