

PURCHASING VIEW



CITY OF MADISON • FINANCE DEPARTMENT • PURCHASING SERVICES

Non-Competitive Selection Request

Date: 04/05/2022

Requisition Number: (8 characters)

Requestor Name: Stephanie West

Requestor Phone Number:

Requestor Email: swest@publichealthmdc.com

Fund: 6100 PUBLIC HEALTH MADISON DANE

Agency: 32 PUBLIC HEALTH MADISON DANE

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
- 546** Consulting/Professional Services
- 548** Grants/Loans/Insurance/Other Services

Total Purchase Amount: \$100,000.00

Vendor Name: Give Back Foundation

Product/Service Description: Position Funding

 \$50,000 and UNDER

This form will be sent to the Purchasing Supervisor for review.

 OVER \$50,000Complete 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 (emergency) will not permit the delay incident to advertising or other competitive processes.
2. The services or goods required are available from only one person or firm (i.e., **true** sole source).
3. The services are for professional services to be provided by attorneys.
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.
6. Service fees are established by law or professional code.
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:

- If procurement is being paid with Federal or State grant funds, the vendor was identified by name in the approved Grant Application. (OPTIONAL)

REASON FOR REQUEST**WHY A COMPETITIVE SELECTION PROCESS CANNOT BE USED:**

Provide **detailed** explanation below. For a true sole source, provide all information to explain why this product or service can only be purchased from this vendor. For one-of-a-kind items not sold through distributors, explain the unique performance features of the product requested that are not available from any other product. For services, detail the unique qualifications this vendor possesses, or other reason(s) that meet the criteria selected above. Identify specific, measurable factors and qualifications.

The Give Back Foundation is leading the implementation of the Madison Forward Fund and has the knowledge and expertise to hire and support a program manager to successfully move this project forward. This cannot go through the competitive process, because the Give Back Foundation was identified in the approved grant application from Department of Health Services as the Fiscal agent for this project.

COMMENTS REGARDING PURCHASES OVER \$50,000

The City of Madison has not purchased from this vendor before.

Date: