SUBMIT VIEW



CITY OF MADISON • FINANCE DEPARTMENT • PURCHASING SERVICES

Non-Competitive Selection Request

| Date: | 04/10/2023 |
|-------------------------------------|--|
| Requisition Number: | (8 characters) |
| Requestor Name: | Mick Rusch |
| Requestor Phone Number: | |
| Requestor Email: | mrusch@cityofmadison.com |
| Fund: | 2150 METRO TRANSIT |
| Agency: | 85 METRO TRANSIT |
| Major: | ✓ 546** Consulting/Professional Services |
| | |
| Total Purchase Amount: | \$193,440.00 |
| Vendor Name: | EOTO, LLC |
| Product/Service Description: | On-call public outreach consulting services |
| | \$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 except | ion criteria you feel are applicable: |
| 1. Public exigency (emer processes. | gency) 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). |
| 3. The services are for p | rofessional 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 had | ave been received after formal advertising. |
| 6. Service fees are estab | lished by law or professional code. |

| 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 | | 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. |
|--|-------------------------|-----------------------------|--|
| 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 of 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 service detail the unique qualifications this vendor possesses, or other reason(s) that meet the criteria selected above. | | 8. | Otherwise authorized by law, rule, resolution, or regulation. Explain: |
| 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 of 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 service detail the unique qualifications this vendor possesses, or other reason(s) that meet the criteria selected above. | | - | |
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