



CITY OF MADISON • FINANCE DEPARTMENT • PURCHASING SERVICES

## Non-Competitive Selection Request

Date: 02/23/2024

Requisition Number: (8 characters)

Requestor Name: Jim Powell

Requestor Phone Number: 608-261-9635

Requestor Email: jpowell@cityofmadison.com

Fund: 1220 OTHER GRANTS

Agency: 31 POLICE

- 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: \$10,000.00

Vendor Name: Dane County Department of Human Services

Product/Service Description: Peer support coaching for opioid pre-arrest diversion and outreach initiative

☒ **\$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 (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.

Dane County Human Services is a Pathways to Recovery Madison Dane County partner that provides peer support coaching services through a subcontract with Safe Communities of Madison and Dane County. MPD has received additional grant funding for the project through the Wisconsin Department of Health Services. See File ID 82155.

## REVIEW

For Purchases of \$50,000 or less, a copy of this form, signed by Purchasing Services, will be returned to Requestor.

- ☒ APPROVED   
- ☐ REJECTED

Submit