

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 V
•	
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:	\$63,807.00
Vendor Name:	LIM/ Population Hoolth Institute (LIM/ Poored of Pogonts)
vendor nume.	UW Population Health Institute (UW Board of Regents)
Product/Service Description:	Evaluation of pre-arrest opiod 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 except	on criteria you feel are applicable:
 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 have been received after formal advertising.	
6. Service fees are estab	lished 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:
~		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 de e can e per the u	MPETITIVE SELECTION PROCESS CANNOT BE USED: tailed explanation below. For a true sole source, provide all information to explain why this product or nonly 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, unique qualifications this vendor possesses, or other reason(s) that meet the criteria selected above. ecific, measurable factors and qualifications.
		he evaluator for our Pathways to Recovery Madison Dane County initiative and MPD has receievd grant funding for the project through the Wisconsin Department of Health Services. See File ID 82155.
CON	IME	NTS REGARDING PURCHASES OVER \$50,000
the o	ver 2, pt fro	as paid the University of Wisconsin over \$8,000,000 since 2015. There isn't a good way to filter 200 invoices down to subtotal by selection type; however, services rendered by a university are competitive selection requirements, and additionally this particular contract is the result of a nich the UW Population Health Institute is specifically named.
Date:	02/	26/2024
		Submit