



**Office of Management and Budget  
Division of Purchasing  
Non-Competitive Contract Request Form**

Department	Library	Department Contact	Belinda Catman
Contact Email	belinda.catman@lfpl.org	Contact Phone	502-574-1845

<b>Contract Type: check one</b>	<b>New</b>	<b>Amendment</b>		
		Additional Funds	Time Extension	Scope
Professional Service				
Sole Source (goods/services)	✓			
	<b>Start</b>	<b>End</b>		
Requested Contract Dates (MM/DD/YYYY)	07/01/2018	06/30/2019		

**VENDOR INFORMATION**

Vendor Legal Name	WT COX SUBSCRIPTIONS INC				
DBA					
Point of Contact	T. Callison	Email	tcallison@wtcox.com		
Street	201 Village Road				
Suite/Floor/Apt		Phone	1-800-571-9554		
City	Shallotte	State	NC	Zip Code	28470
Federal Tax ID#		SSN# (If sole proprietor)			
Louisville Revenue Commission Account #					
<u>Human Relations Commission Certified Vendors</u>	Certified Minority Owned Business	Certified Woman Owned business	Disabled Owned business		
Select if applicable					

**FINANCIAL INFORMATION**

Not to Exceed Contract Amount	<b>\$125,000</b>		(including reimbursement expenses, if applicable)		
Fund Source: General Fund	✓				
Federal Grant		Federal Granting Agency			
Other		Describe:			
Account Code String #	1101	730	5922	591270	521114
Payment Rate		per hour		per day	
		per month		Other	Varies
Payment Frequency	✓	Monthly		Upon Completion / Delivery	
		Quarterly	✓	Other	Annual

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