



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

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Department	Louisville Public Health and Wellness	Department Contact	Liz Clark
Contact Email	elizabeth.clark@louisvilleky.gov	Contact Phone	502-287-9487

Contract Type: check one	<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)	01/01/2022	12/31/2022		

**VENDOR INFORMATION**

Vendor Legal Name	Heidi Solarz-Kutz, LCSW, LCADC				
DBA					
Point of Contact	Heidi Solarz-Kutz	Email	solarz3@aol.com		
Street	5207 Heather Hill Road				
Suite/Floor/Apt		Phone	502-457-1823		
City	LaGrange	State	KY	Zip Code	40031
Federal Tax ID#		SSN# (If sole proprietor)			
Louisville Revenue Commission Account #					
<a href="#">Human Relations Commission Certified Vendors</a>	Certified Minority Owned Business	Certified Woman Owned business	Disabled Owned business		
Select if applicable					

**FINANCIAL INFORMATION**

Not to Exceed Contract Amount	<b>\$60,000</b>	(including reimbursement expenses, if applicable)			
Fund Source: General Fund					
Federal Grant		Federal Granting Agency			
Other	✓	Describe:	KORE Grant		
Account Code String #	2551	605	4149	411634	521301
Payment Rate	\$60.00	per hour		per day	
		per month		Other	
Payment Frequency	✓	Monthly		Upon Completion / Delivery	
		Quarterly		Other	



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**CONTRACT SCOPE and PURPOSE** (Attach additional documentation if necessary)

**Amendments:** Describe the circumstances under which a time extension or scope change is needed.

**New:** Be specific about the work to be performed / product to be purchased including but not limited to: scope of work; description of service; work product created; why the service / product is necessary; and benefit to Louisville Metro Government.

Louisville Metro Public Health and Wellness is currently receiving a grant through the KORE Federal Pass Through. This grant has been extended into Fiscal Year 2022 and it states we provide a Licensed Clinical Social Worker (LCSW) to provide clinical supervision for our counselors at the MORE Center and provides dual diagnosis counseling to appropriate clients. Works in collaboration with MORE Center Director/Addiction Specialist and contracted psychiatrist.

Heidi will work up to 20 hours per week at a rate of \$60 per hour to accommodate for the increasing need for supervision at MORE Center.

**JUSTIFICATION FOR NON-COMPETITIVE GOOD/SERVICE** (Attach additional documentation if necessary)

Provide justification including but not limited to: a description of the unique features that prohibit competition; research conducted to verify the vendor as the only known source (sole source); why the service (PSC) is not feasible to be provided by LMG staff or expertise does not exist; known compatibility, proprietary and/or timing issues.

Louisville Metro Public Health staff expertise is not available to complete the work outlined in the grant we received. We will need to enter into a professional service contract with the named vendor in order to fulfill grant deliverables. Heidi has worked with the MORE Center the last few years and is uniquely qualified to provide this service.

**AUTHORIZATIONS:** Per KRS 45A.380, I have determined that competition is not feasible for the above described good / service and there is a single source within a reasonable geographical area of the good / service to be procured; or the resulting contract is for the services of a licensed professional, technician, artist, or other non-licensed professional service.

*Connie S Mendel*

Department Director \_\_\_\_\_

Date November 11, 2021

Signature Connie S Mendel

Printed Name \_\_\_\_\_  
DocuSigned by:

*Joel Neaveill*

Purchasing Director \_\_\_\_\_

Date 12/7/2021

Signature B4B46603FB3A42D...

Joel Neaveill