



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



Department	LMPD	Department Contact	Kristie Martin
Contact Email	Kristie.Martin@louisvilleky.gov	Contact Phone	574 5060

Contract Type: check one	<input type="checkbox"/> New	<input type="checkbox"/> Amendment		
		Additional Funds	Time Extension	Scope
Professional Service	<input checked="" type="checkbox"/>			
Sole Source (goods/services)				
	<b>Start</b>	<b>End</b>		
Requested Contract Dates (MM/DD/YYYY)	07/01/2022	06/30/2023		

**VENDOR INFORMATION**

Vendor Legal Name	University Medical Center ,SAFE			
DBA	University of Louisville Hospital			
Point of Contact	Amanda Corzine	Email	amandaco@ULH.org	
Street	530 South Jackson St			
Suite/Floor/Apt	Emergency and Trauma Services	Phone	502 689 2744	
City	Louisville	State	KY	Zip Code 40202
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>\$92,000</b>	(including reimbursement expenses, if applicable)			
Fund Source: General Fund	<input checked="" type="checkbox"/>				
Federal Grant		Federal Granting Agency			
Other		Describe:			
Account Code String #	<input type="text" value="1101"/>	<input type="text" value="305"/>	<input type="text" value="2564"/>	<input type="text" value="256464"/>	<input type="text" value="521301"/>
Payment Rate		per hour		per day	
		per month	\$6,000.00	Other	
Payment Frequency	<input checked="" type="checkbox"/>	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.

The purpose of this contract is to provide medical/forensic examinations to victims of sexual assaults. The evidence collected during this exam can be turned over to police for use in criminal investigations. A SAFE nurse is a registered nurse trained in the forensic examination of victims of sexual assault and credentialed by Kentucky Board of Nursing who conducts the examination, collects and preserves evidence, and testifies in legal proceedings. The SAFE nurse becomes an integral part of the multidisciplinary team investigating the survivors of sexual assault, and is knowledgeable in the nursing process, forensic nursing concepts, victims' issues, and legal responsibilities.

**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.

U of L SAFE nurses are the only nurses in this area capable of providing this type of detailed service to the Sex Offense Unit in completion of their investigations.

**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.

Department Director Deputy Chief Jacquelyn Swinn-Villwoed Date 6/23/22  
Signature

Printed by: Deputy Chief Jacquelyn Swinn-Villwoed

OMB Signature: Monica L. Harmon Date 7/6/2022

Signature  
Monica L. Harmon