

Office of Management and Budget Division of Purchasing



Non-Competitive Contract Request Form

Department	Louisville Metro Council	Department Contact	Edwin Ernest
Contact Email	edwin.ernest@louisvilleky.gov	Contact Phone	502-574-4847

Contract Type: check one	New	Amendment				
		Additional Funds	Time Extension	Scope		
Professional Service	~					
Sole Source (goods/services)	A Alban Artista					
35	Start	End	2			
Requested Contract Dates (MM/DD/YYYY)	02/17/2022	12/31/2022				

VENDOR INFORMATION

VENDOR IN ORIVIA	1011							
Vendor Legal Name	David J Beyer							
DBA								
Point of Contact	David Beyer			Email	david@pencelegal.com			
Street	405 Lake Pointe Terrace							
Suite/Floor/Apt				Phone	502-435-8892			
City	Louisville			State	KY	7	Zip Code	40245
Federal Tax ID#	SSN# (If sole			propriet	tor)			
Louisville Revenue Co	ommission Account #							
Human Relations Commission Certified Vendors		Certified Minority Owned Business		1	Certified Woman Owned business		Disabled Owned business	
Select if applicable								

FINANCIAL INFORMATION

THANCIAL INFORMATION									
Not to Exceed Contract Amount	\$30,000			(inclu	including reimbursement expenses, if applicable				
Fund Source: General Fund	V								
Federal Grant		Federal Granting Agency							
Other		Describe:							
Account Code String #	1101	105	360	350	000 52130	01			
and the state of	,								
Payment Pate		per hour			per day		per service		
Payment Rate		per month			Other	\$150/atty;	85/assoc;50/p	paralegal	
and the state of t	Leinberg in Manual and								
Down and Fraguence	~	Monthly			Upon Co	mpletion/	Delivery		
Payment Frequency		Quarterly			Other				

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CONTRACT SCOPE and PURPOSE (Attach additional docum	umentation if necessary)
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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.

See attached

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.

See attached bio and resume

	: Per KRS 45A.380, I have determined that competition is not feasib within a reasonable geographical area of the good / service to be p	
_	professional, technician, artist, or other non-licensed professional se	•
Department Directo	r_ Signature David James	Date3-9-2022
Purchasing Director	Printed Name Docusigned by: Joel Neaveill	Date3/10/2022