

## OFFICE OF THE MAYOR LOUISVILLE, KENTUCKY

#### **GREG FISCHER**

MAYOR

To:

Joel Neaveill

**Purchasing Director** 

From: Kellie Watson

General Counsel/Liaison to Metro Counsel

Date: March 20, 2017

Re:

**Request for Professional Service Contract** 

Please accept this request for professional service request for Kerry Harvey of Dickinson Wright PLLC. Mr. Harvey will examine the allegations of connected to LMPD Explorer program, and also actions of Louisville Metro employees and others regarding the alleged abuse. Mr. Harvey will be conducting interviews, reviewing documents and other activities to fully ascertain what happened within and around the Explorer program.



# Office of Management and Budget Division of Purchasing

## **Non-Competitive Contract Request Form**

Department	Mayor's Office	Department Contact	Kellie Watson
Contact Email	kellie.watson@louisvilleky.gov	Contact Phone	574-2019

Contract Type: check one	New	Amendment				
		Additional Funds	Time Extension	Scope		
Professional Service	✓			,		
Sole Source (goods/services)						
	Start	End				
Requested Contract Dates (MM/DD/YYYY)	03/17/2017					

## **VENDOR INFORMATION**

Vendor Legal Name	Dickinson Wright PLLC							
DBA								
Point of Contact	Kerry Harvey		Email	KHarvey@@dickinsonwright.co			right.com	
Street	300 West Vine Street	,	***************************************					
Suite/Floor/Apt	Suite 1700		Phone	859-899-8700				
City	Lexington			State	KY		Zip Code	40507
				de esperimental (1841)				
Federal Tax ID#	SSN# (If so		e propriet	or)				
Louisville Revenue Co	mmission Account #					***************************************		
Human Relations Commission Certified Vendors		Certified Minority Owned Business		Certified Woman Owned business		Disabled Owned business		
Select if applicable								

### FINANCIAL INFORMATION

Not to Exceed Contract Amount		\$50,000 (incl		luding reimbursement expenses, if applicable)			
Fund Source: General Fund	1						
Federal Grant		Federal Granting	Agency	***************************************			
Other		Describe:					
Account Code String #							
Payment Rate	\$275.00	per hour		per day	per service		
		per month		Other			
Payment Frequency		Monthly		Upon Comp	letion / Delivery		
- myterwies i rwsgawarthy		Quarterly		Other			



# Office of Management and Budget Division of Purchasing

#### Non-Competitive Contract Request Form

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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.

To conduct a wide-ranging special investigation into allegations connected to the LMPD Explorer program.

# 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.

This professional service contract is necessary at this time due to the expertise of the professional, the timing of this issue, and the matter in which the investigation which cover.

AUTHORIZATIONS: Per KRS 45A.380, I have determined that competition is not feasible for the above described good / service and