

# Office of Management and Budget Division of Purchasing

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

| Department    | ОМВ                            | Department Contact | Monica Harmon |
|---------------|--------------------------------|--------------------|---------------|
| Contact Email | Monica.Harmon@louisvilleky.gov | Contact Phone      | 502-574-6093  |

| Contract Type: check one              | New        |                     | Amendment      |       |  |
|---------------------------------------|------------|---------------------|----------------|-------|--|
|                                       |            | Additional<br>Funds | Time Extension | Scope |  |
| Professional Service                  |            |                     |                |       |  |
| Sole Source (goods/services)          |            | ✓                   |                |       |  |
|                                       | Start      | End                 |                |       |  |
| Requested Contract Dates (MM/DD/YYYY) | 05/10/2021 | 05/09/2022          |                |       |  |

### **VENDOR INFORMATION**

| VENDOR IN CRIMA                              | 11011               |                                   |            |                                |               |                         |            |             |
|--|---------------------|-----------------------------------|------------|--------------------------------|---------------|-------------------------|------------|-------------|
| Vendor Legal Name                            | Margaret Handmaker  |                                   |            |                                |               |                         |            |             |
| DBA  | Margaret Handmaker  |                                   |            |                                |               |                         |            |             |
| Point of Contact                             | Margaret Handmaker  |                                   | Email      | margaret.handmaker@icloud.com  |               |                         |            |             |
| Street                                       | 2403 Top Hill Road  |                                   |            |                                |               |                         |            |             |
| Suite/Floor/Apt                              |                     |                                   | Phone      | 502-797-4478                   |               |                         |            |             |
| City   | Louisville          |                                   | State      | KY                             |               | Zip Code                | 40206-2828 |             |
|  |                     |                                   |            |                                |               |                         |            |             |
| Federal Tax ID#                              | SSN# (If sole       |                                   | e propriet | tor)                           | <b>410.51</b> |                         |            |             |
| Louisville Revenue Co                        | ommission Account # |                                   |            |                                |               |                         |            | · · · · · · |
| Human Relations Commission Certified Vendors |                     | Certified Minority Owned Business |            | Certified Woman Owned business |               | Disabled Owned business |            |             |
| Select if applicable                         |                     |                                   |            |                                |               |                         |            |             |

## **FINANCIAL INFORMATION**

| THANCIAL INFORMATION          | I          |                    |       |   | The same of the sa |  |
|-------------------------------|------------|--------------------|-------|---|--|--|
| Not to Exceed Contract Amount | \$150,000  |                    | (incl | (including reimbursement expenses, if applicable) |  |  |
| Fund Source: General Fund     | <b>✓</b>   |                    |       |   |  |  |
| Federal Grant                 |            | Federal Granting A | gency |   |  |  |
| Other                         |            | Describe:          |       |   |  |  |
| Account Code String #         | 1101       | 210 5522           | 55    | 2203 521301                                       |  |  |
|                               |            |                    |       |   |  |  |
| D D-4-                        |            | per hour           |       | per day   | per service  |  |
| Payment Rate                  | \$12,500.( | per month          |       | Other   |  |  |
|                               |            |                    |       |   |  |  |
|                               | ✓          | Monthly            |       | Upon Complet                                      | ion / Delivery   |  |
| Payment Frequency             |            | 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.

Margaret Handmaker will assist in developing the framework to evaluate American Rescue Plan (ARP) proposals requested by agencies external to Metro Government as well as those requested by departments. Her review and evaluation will ensure that eligible proposed expenditures follow the US Treasury guidelines consistent with reporting results in a timely and uniform matter.

This amendment is for an additional \$120,000 through May 2022 reflects the added complexity and effort to position Louisville Metro in prioritizing and administering ARP funds in accordance with federal guidelines.

#### 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.

Margaret Handmaker is uniquely situated to provide such a service to Louisville Metro Government because she has extensive private sector experience, previously been a Chief of Economic Development within Louisville Metro Government, and led the \$5 million+ Bloomberg grant that Metro was awarded. She brings knowledge of grant reporting requirements as well as a working knowledge of the government itself.

**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 Directo  | Monica Harmon Signabuses F77EC 1441. Monica Harmon   | Date          |
|---------------------|--|---------------|
| Purchasing Director | Printed Name DocuSigned by:  Joul Number  Jour Number  Jo | Date 6/2/2021 |
|                     | Signature603FB3A42D<br>Joel Neaveil  |               |