

HOUSING AUTHORITY CITY OF MILWAUKEE

REQUEST FOR EXCEPTION TO BIDDING

Name & Title Ken Barbeau, Director of Community Programs & Services

City Agency: Housing Authority Date: 1/31/2020

Phone: 414-286-2905 Fax: 414-286-3169 TDD: _____

Brief description of item or service to be purchased: Costs associated with the Make Your Money Financial literacy training and IDA program for 2020

Brief purpose: Training and admin costs related to MYMT (\$115,000) and IDAs (an additional \$300,000 for IDA match)

Cost of product or service requested: \$ \$415,000 Requisition No. _____

Time of Performance* January 1, 2020 to December 31, 2022

Please explain on the space provided on page 2 of this form your reasons for the boxes you check.

This request for an exception to bidding is as follows:

- ☐ Professional, artistic, scientific or creative services. RFP requested.
- ☐ Impossible or impracticable to develop bidding specifications. RFP requested.
- ☐ Experimental purpose. RFP requested.
- ☐ Experimental purpose. Can't be done by bid or RFP. Sole or single source requested.
- ☐ Sole Source. ** (Check appropriate box below also.)
 - ☐ No comparable competitive product or service available – there is only one supplier.
 - ☐ Patented product only available from the manufacturer.
 - ☐ Proprietary software.
 - ☐ Public utility service which has a monopoly.
 - ☐ Component or replacement parts available from only one source.
 - ☐ Other: _____

- ☒ Single Source.** (Check appropriate box below also.)
- ☐ Only local authorized/licensed distributor.
- ☐ Compatibility is the overriding consideration and the item is available from only one source.
- ☐ Used item that is immediately available, is not usually available, and is subject to prior sale.
- ☐ Product is needed for trial or testing.
- ☐ Additional needs discovered in the midst of a project – e.g. change orders.
- ☐ No other supplier can meet the required delivery date.
- ☒ Vendor has specific insight from previous knowledge of service or commodity.***
- ☐ Vendor has been specified by terms of grant (federal or state) or by City Resolution.
- ☐ Other: _____

PLEASE EXPLAIN YOUR REASONS FOR THIS REQUEST BELOW. IF ADDITIONAL SPACE IS NEEDED, INCLUDE AN ATTACHMENT.

WWBIC was selected as vendor as they are one of the only organizations in Milwaukee That has an IDA programs---WWBIC has had a grant from the US Dept. of Health & Human Services to do IDAs. Although the grant program has been eliminated, WWBIC has continued their IDA/financial Literacy program. We have worked with WWBIC since 2004 on this program and they are very Familiar in working with public housing residents, including how to promote and outreach to our Residents. The amount for training in this contract has a slight increase from the amount for 2016-18. An additional \$300,000 is set aside for IDA match that will go directly to resident savings accounts if Needed.

For all these reasons, we are recommending WWBIC as a Single source on this contract.



Department Head Signature

1/31/20

Date

*If the time of performance for the requested contract is to be retroactive to a date prior to this submission of request for procurement services section's approval, please indicate why services have already commenced.

**If this is a sole or single source request, you must include the details of market research conducted (i.e. request for information) including number of vendors considered for this procurement and why they did not meet the needs of the department.

***If the requested vendor has specific insight from previous knowledge of the service or commodity being requested, you must state why a competitive process to determine if this remains the best firm qualified to perform this work should not be conducted. Additionally, a summary of how the previous contract was procured and dollar value of the previous contract should also be included.

FOR PROCUREMENT OFFICER'S REVIEW ONLY:

☐ APPROVED

☐ DENIED

Procurement Officer Signature

Date

Revised 7/3/08