

METHOD OF SOURCE SELECTION

Waiver for Non-Competitive Procurement

NOTE TO PREPARER

The purpose of this form is solely for the department to justify why the requested purchase, over \$5,000, is not being competitively quoted or bid. **Use of this form is required for all piggyback purchases, regardless of purchase amount.** Electronic approval of the accompanying requisition by the Procurement Manager indicates only agreement as to the reasonableness of the specified selection method justified herein; it is not authority to make the purchase.

All contracts must route through the City's Contract Coordinator – and should not be signed by the vendor or any City staff prior to routing.

This form is not required if purchase is for: 1) Inter-Local Agreement between City and other agency, 2) Utilities (including Ethernet obtained through GRUcom), or 3) Legal Services.

SELECT ONE OF THE FOLLOWING CHOICES:

☒ Initial MOSS ☐ Revised MOSS (reason(s) for revision):

INITIAL MOSS AMOUNT: \$345,352

AMOUNT IS FOR PERIOD OF: 10/1/22-9/30/24 (i.e., 1 yr, 3 yrs, etc. – this should match the contract, especially if multi-year)

AMOUNT OF REVISED MOSS:

☒ No Change from Initial MOSS ☐ Increase of: ☐ Decrease of: \$ _____

REVISED MOSS TOTAL (Initial MOSS amount +Increase/Decrease amount): \$ _____

DEPARTMENT/DIVISION: Police/Operations Bureau

PROJECT MANAGER: Captain Victoria Young

EXTENSION: 7667

PURCHASE TYPE:

☐ One-Time, Single Purchase ☐ FY Blanket Dates: _____ / _____ ☒ Contract/Project Dates: 10/1/22 / 9/30/24

COMMISSION APPROVAL REQUIRED (OVER \$100K): ☐ No, per Procurement Policy # _____ (click [here](#) for policy)

☒ Yes, date: TBD

*SUPPLIER NAME: Meridian Behavioral Healthcare

*SUPPLIER #: SUP-000127

*Note: supplier setup must be fully completed (approved) within Workday before submitting "MOSS" Requisition Type.

Select one of the following choices:

☐ Other Agency (1) ☐ Professional Services (2) ☐ Continuing Contracts (2) ☐ Sole Source (2) ☒ Specified Source (2)

Note: For an Emergency Purchase complete the stand-alone *Emergency Purchase Request* form and upload it to the Emergency Requisition in Workday

(1) Attach required documentation (ITB, Bid Record, Awarded Response, Complete Contract, and an executed "bridge agreement" or email from legal if bridge agreement is not required, etc.)

(2) Refer to respective Procurement Policy for more information. Written detailed justification is required for these selections (please be specific): The Co-Responder Team is a partnership between the Gainesville Police Department and Meridian Behavioral Healthcare (MERIDIAN) to deploy a sworn uniformed police officer with a Master's level mental health clinician in the field responding to individuals with mental health and substance abuse concerns at their point of crisis. In 2018 MERIDIAN and the City of Gainesville partnered to create the first Co-Responder Team in Alachua County. The clinician for the first team is funded by MERIDIAN. This partnership has successfully served the citizens of Gainesville as well as being a model for other agency Co-Responder Teams including the Alachua County Sheriff's Office. In August 2020, the City Commission approved 2 additional Co-Responder Teams at GPD, with the City/GPD funding the mental health clinician component and contracting with MERIDIAN to provide those services. GPD eliminated 2 sworn officer positions to pay for the two additional clinician positions. MERIDIAN has been a proven partner within our community for many years. MERIDIAN has the expertise to hire, train, and supervise mental health professionals. Additionally, in 2021 GPD gained a 4th Co-Responder Team when the Alachua County Justice and Mental Health Collaboration Program obtained grant funds to pay for a 4th clinician from MERIDIAN. Maintaining this partnership with MERIDIAN provides continuity of services, record-keeping, and team operations. This MOSS is for the cost of 2 clinicians. The cost for each clinician is \$84,313 per year. There is an additional \$4,050 one-time cost for laptop, cellular card, tactical vest, and smart phone as needed for a total of \$172,676 per year.

Certification/Statement of Need:

The **Project Manager** (named above) hereby certifies, through submission of this form with the requisition, that this proposed waiver of non-competitive procurement is based upon an objective review of the required product/service and appears to be in the best interest of the City. I know of no conflict of interest on my part or personal involvement in any way with this request or entity selected. No gratuities, favors or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request to waive competitive bidding on this purchase if other suppliers are known to exist.