



# CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



Please indicate: \_\_\_ Visa Purchase      \_\_\_ Purchase Order

\_\_\_ Single Purchase      \_\_\_ Blanket Purchase      \_\_\_ Change Order      \_\_\_ Amendment  
(For current FY)                      (Ongoing purchases for current FY)

DEPARTMENT/DIVISION: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

If Applicable: COMMISSION MEETING DATE: \_\_\_\_\_ AGENDA ITEM NUMBER: \_\_\_\_\_

*Section 2-403 - Exemptions of the City of North Port Procurement Code states that certain procurements shall not be subject to competitive requirements in the judgment of the Purchasing Agent.*

**A. Please describe all products and/or services to be procured under this exemption:**  
(If additional space is needed, please attach a separate memo)

\_\_\_\_\_

**B. Briefly explain why it is in the best interest of the City to procure under this exemption:**  
(If additional space is needed, please attach a separate memo)

**C. Vendor Information**

Vendor Name: \_\_\_\_\_ Vendor Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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**D. Please select one of the following:**

**Piggyback** (Departments may utilize another municipality, county, or other governmental agency contract). The requesting department must provide the following documentation: copy of the solicitation and addendum, tabsheet/price-sheet, vendor submittal, entity approval (either stated in the solicitation or letter from vendor) agenda approval and contract as back-up documentation. Purchasing may request additional information if needed.

Name of Entity: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Is a fee required to utilize this contract?  Yes  No If yes, how much? \_\_\_\_\_  
 Vendor-Paid  City-Paid

**State of Florida Contract:** The requesting department must provide the following documentation: copy of the tab sheet/price sheet, agenda approval and contract *\*\*Further price negotiations may be conducted with state-awarded vendor per F.S. 287.056(2) \*\**

Number: \_\_\_\_\_ Name/Category: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Florida Sheriff's Association Bid:** The requesting department must provide the following documentation: copy of the tab sheet/price sheet, agenda approval and contract

Number: \_\_\_\_\_ Name/Category: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Joint Cooperative:** The requesting department must provide the following documentation: copy of the solicitation and addendum, tab sheet/price sheet, vendor submittal, agenda approval and contract

Lead Entity: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Code Exemption\* (Specify):**

\*For list of exemptions, see page 3



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## Sec. 2-403. - Exemptions.

- (a) (2) Procurement contracts between the city and nonprofit organizations, other governments or other public entities.
- (3) Procurement of:
- a. Dues and memberships in trade and professional organizations.
  - b. Subscriptions for periodicals, books, maps or training videos.
  - c. Real property, real estate brokering, or appraising.
  - d. Abstract of titles for real property; title insurance.
  - e. Works of art for public display or artistic services.
  - f. Advertising.
  - g. Medical, dental and other medically related services performed by a health care professional.
  - h. Room or board for social service clients.
  - i. Room and board for employees on city business.
  - j. Funeral related services.
  - k. Water, sewer, electrical, cable television or other utility services.
  - l. Personnel, including but not limited to part-time or temporary services.
  - m. Academic program reviews or lectures by individuals.
  - n. Auditing services and financial services.
  - o. Legal services.
  - p. Social services.
  - q. Lobbying services.
  - r. Goods, materials and equipment whose cost has been incorporated as part of a competitively bid project.

### **Vendor Tracking:**

\_\_\_ Check if Vendor Documents Current

YTD Dept Exp. (Inclusive):        \$ \_\_\_\_\_

### **To be completed by Purchasing:**

YTD City Wide Exp. (Inclusive): \$ \_\_\_\_\_



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## PURCHASE DETAILS

Please provide the amount of the purchase for this product or service: \$ \_\_\_\_\_

Account # \_\_\_\_\_ Project # \_\_\_\_\_ Subtotal \$ \_\_\_\_\_

Account # \_\_\_\_\_ Project # \_\_\_\_\_ Subtotal \$ \_\_\_\_\_

Account # \_\_\_\_\_ Project # \_\_\_\_\_ Subtotal \$ \_\_\_\_\_

Account # \_\_\_\_\_ Project # \_\_\_\_\_ Subtotal \$ \_\_\_\_\_

Line Item No.	Description	Unit of Measure	Quantity	Unit Price	Extended Price
Shipping (FOB Destination)					
<b>Total</b>					

**\*Attach Additional Pages if Necessary\***

*I approve the competitive exemption procurement(s) as requested herein:*

Requesting Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Purchasing: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Director (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Assistant City Manager (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

City Manager (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_