



CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



Please indicate: Visa Purchase Purchase Order

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

DEPARTMENT/DIVISION Public Works Facilities Maintenance NAME OF REQUESTOR Jana White

Sections 2-403 of the City of North Port Procurement Code states that certain procurements shall not be subject to competitive requirements in the judgment of the Procurement Official.

A. Please describe all products and/or services to be procured under this exemption:

Artist to construct steel sculpture to be displayed within the City of North Port

B. Vendor Information

Vendor Name: Donald Gialanella

Vendor Number:

Address: 910 Southern Pine Court NE St. Pete, Florida 33703

Contact: Donald Gialanella Phone: 607-547-1071 Email: Livesteel@gmail.com

C. Briefly explain why it is in the best interest of the City to exempt this procurement from competition:
(If additional space is needed, please attached separate memo)

Work of Art for Public Display



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COMPETITIVE EXEMPTIONS**



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):**

Section 2-403 (a) (3) (e) - Works of art for public display or artistic services

*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.

Other Exemption (not specified by code):

(If additional space is needed, please attach separate memo)

Vendor Tracking:

Check if Vendor Documents Current

YTD Dept Exp. (Inclusive): \$ _____

To be completed by Purchasing:

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



City of North Port

Human Resources Department
 Risk Management
 4970 City Hall Boulevard
 North Port, FL 34286
 Phone: 941.429.7200
 Fax: 941.429.7135

Print Form

Date of Request: 3/27/19

Date Risk Received Request: []

Response Time Routine: 8-14 days

Insurance Requirements Request Form

Primary Dept.: PW/Property Maintenance

Secondary Dept.: []

Contact Name/Phone#: Jana White 429-3591

Duration of work (Calendar days): less than 7 days

On Site Work: Yes

Estimated Cost of Work: \$5,000 - \$10,000

What are you purchasing? other - list below

Requirements are for:

Formal Solicitation (RFB, RFP, RFQ) Solicitation # []

Informal Solicitation (Items purchased utilizing quotes and under the formal solicitation threshold)

Vendor Insurance Renewal Expiration Date []

Insurance Update - attach original insurance requirements

Piggyback Contract (attach a copy of the contract insurance requirements, and list entity name/piggyback information in the summary below)

Provide a DETAILED description of the Item being Purchased / Description of Work or Summary of Services being provided

Artist designing and installing a 10' to 12' sculpture to be placed at the Northeast Corner of Price Blvd and Sumter Blvd

REQUIRED COVERAGE (To be completed by RISK)

Worker's Compensation -

All state and federal statutory limits apply.

- Level I: \$100,000 each accident
\$100,000 each employee
\$500,000 policy limit for diseases
- Level II: \$500,000 each accident
\$500,000 each employee
\$500,000 policy limit for diseases
- Level III: \$3,000,000 each accident
\$1,000,000 each employee
\$1,000,000 policy limit for diseases
- Proof of current Worker's Compensation coverage
- Worker's Compensation Exemption (notarized affidavit)

Commercial General Liability:

Occurrence form required aggregate separate to this job.

- Level I: \$300,000 each accident
\$600,000 general aggregate
\$600,000 products and completed ops
\$100,000 damage to rented premises
- Level II: \$500,000 each occurrence
\$1,000,000 general aggregate
\$1,000,000 products and completed ops
\$100,000 damage to rented premises
- Level III: \$3,000,000 each occurrence
\$6,000,000 general aggregate
\$6,000,000 products and completed ops
\$100,000 damage to rented premises
- City of North Port to be named additionally insured
- Proof of current General Liability Insurance coverage only

Commercial Auto Liability:
All owned, non-owned or hired

Level I: \$300,000 each accident for property damage and bodily injury with contractual liability coverage

Level II: \$1,000,000 each accident for property damage and bodily injury with contractual liability coverage

Level III: \$3,000,000 each accident for property damage and bodily injury with contractual liability coverage

City of North Port to be named additionally insured

Proof of current Commercial Auto Liability Insurance only

Sub - Limits - Personal Automobile Coverage

\$100,000 per person
\$200,000 per accident and
\$100,000 property damage

Additional Insurances when Applicable:

Environmental / Pollution Liability

\$100,000 each occurrence and \$300,000 general aggregate

Professional Liability

Level I projects: 1 million per occurrence and 1 million general aggregate

Level II projects: 1 million per occurrence and 2 million general aggregate

Level III projects: 2 million per occurrence and 2 million general aggregate

Required Insurance Coverage, not specified above:

Type of insurance	
Limits:	
Limits:	
Limits:	

Additional Risk Comments:

NOTE: Submit this form and the certificate of insurance to Risk for final approval PRIOR to making any purchases or allowing work to be performed.


Risk Manager or Designee

3/28/19
Date

Shaun Baker
Senior Risk Management Coordinator
Phone: 941.429.7138
riskservices@cityofnorthport.com

Dawn Shorter
Safety & Wellness Coordinator
Phone: 941.429.7215
riskservices@cityofnorthport.com