



**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: Utilities/Multiple NAME OF REQUESTOR: Nicole Brown

If Applicable: COMMISSION MEETING DATE: 12/10/2019 AGENDA ITEM NUMBER: 19414

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)

Sodium Hypochlorite for the Water and Wastewater Treatment process

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)

By utilizing existing Charlotte County Bid No.19-582 pricing, the City is able to save staff time and money in procuring this critical product.

C. Vendor Information

Vendor Name: Allied Universal Corporation Vendor Number: 1432

Address: 3901 NW 115 Ave, Miami, FL 33178

Contact: Shawn Fink Phone: 305-888-2623 Ext. 197 Email: shawnf@allieduniversal.com



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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: Charlotte County Contract Number: Bid No. 19-582

Start Date: 10/01/2019 End Date: 09/30/2020

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): \$ _____



CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



PURCHASE DETAILS

Please provide the amount of the purchase for this product or service: \$ 120,000.00

| | | |
|-------------------------------------|----------------------|------------------------------|
| Account # <u>420-6061-533.52-05</u> | Project # <u>N/A</u> | Subtotal \$ <u>60,000.00</u> |
| Account # <u>420-6062-535.52-05</u> | Project # <u>N/A</u> | Subtotal \$ <u>60,000.00</u> |
| Account # _____ | Project # _____ | Subtotal \$ _____ |
| Account # _____ | Project # _____ | Subtotal \$ _____ |

| Line Item No. | Description | Unit of Measure | Quantity | Unit Price | Extended Price |
|----------------------------|-------------------------------------------|-----------------|----------|------------|---------------------|
| 1 | Sodium Hypochlorite (bleach) for the WTP | \$\$ | 60,000 | 1.00 | \$60,000.00 |
| 2 | Sodium Hypochlorite (bleach) for the WWTP | \$\$ | 60,000 | 1.00 | \$60,000.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Shipping (FOB Destination) | | | | | |
| Total | | | | | \$120,000.00 |

Attach Additional Pages if Necessary

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

| | |
|------------------------------------------------------|-----------------------|
| Requesting Department Director: <u>[Signature]</u> | Date: <u>11-18-19</u> |
| Budget Administrator: <u>[Signature]</u> | Date: <u>11/22/19</u> |
| Purchasing: <u>[Signature]</u> | Date: <u>11/22/19</u> |
| Finance Director (If applicable): <u>[Signature]</u> | Date: <u>11/25/19</u> |
| Assistant City Manager (If applicable): _____ | Date: _____ |
| City Manager (If applicable): _____ | Date: _____ |



Charlotte County Government

"To exceed expectations in the delivery of public services."

www.CharlotteCountyFL.gov

November 15, 2019

City of North Port
6644 West Price Blvd
North Port, FL 34286
Attn: Nickie Brown

Dear Ms. Brown:

Per your request, please accept this letter as authorization from Charlotte County for the City of North Port to "piggyback" Bid #19-582, Water And Wastewater Chemicals-Annual contract. It is understood that City of North Port will establish its own contract with the successful bidder(s), place its own orders, be invoiced therefrom and make its own payments to the successful bidder in accordance with the terms of the contract established between the City of North Port and the successful bidder. It is also hereby mutually understood and agreed that Charlotte County is not a legally bound party to any contractual agreement made between a successful bidder and any local entity other than Charlotte County Board of County Commissioners.

If you have any questions, please feel free to contact the Charlotte County Purchasing Division at 941-743-1374.

Sincerely,

A handwritten signature in black ink that reads "K A Corbett".

Kimberly A. Corbett, C.P.M., CPPB
Senior Division Manager – Purchasing



3901 NW 115 Avenue
Miami, Florida 33178
305-888-2623 office
305-463-8369 fax

November 14, 2019

Chad Nosbisch
Water/Wastewater Plant Operations Manager
6644 W. Price Boulevard
North Port, FL 34291
PH: 941-240-8009
www.cityofnorthport.com

Re: Sodium Hypochlorite Piggyback Offer.

Dear Mr. Nosbisch:

Please be advised Allied Universal Corp. will allow the City of North Port to piggyback on Charlotte County Water and Wastewater Chemicals Bid# 2019000582, with the below mentioned price.

Sodium Hypochlorite - \$0.554/gl.

The Bid Award was issued by Charlotte County on October 8th, 2019.

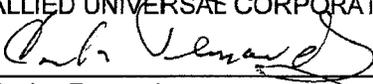
The Term of this "piggyback" agreement is from January 1, 2020 through September 30, 2020. During which the City of North Port agrees to purchase from Allied Universal Corporation all of the City of North Port's Sodium Hypochlorite requirements.

If you are in agreement with the offer, term and conditions as stated on the original bid, and wish to be included in this Bid Contract, please indicate your acceptance by signing below and send a copy of the letter back to my attention at CarlosF@Allieduniversal.com by November 29, 2019.

We look forward to hearing from you.

Very truly yours,

ALLIED UNIVERSAL CORPORATION



Carlos Fernandez
AUC Vice President of Sales

ACCEPTED:

Customer: _____

By: _____

Title: _____

Date: _____

cc: J. Palmer, AUC President – CEO
S. Fink, AUC Area Sales
G. Namoff, AUC Regional Sales Manager

3901 NW 115 Avenue
Miami, Florida 33178
305-888-2623

9501 Rangeline Road
Ft. Pierce, Florida 34987
772-464-6195

30 Neil Gunn Drive
Ellisville, MS 39437
601-477-2550

5215 W. Tyson Avenue
Tampa, Florida 33611
813-832-4868

8350 NW 115 Avenue
Miami, Florida 33166
305-888-2623

204 SCM Road
Brunswick, GA 31525
912-267-9470

14770 Old St. Augustine Rd
Jacksonville, FL 32256
904-619-6180



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: 11/15/2019

Date Risk Received Request:

Response Time: Urgent: 5-7 days

Insurance Requirements Request Form

Primary Dept.: Utilities/Water Treatment

Secondary Dept.: Utilities/Wastewater

Contact Name/Phone#: Nicole Brown

Duration of work (Calendar days): 180 - 365 days

On Site Work: Yes

Estimated Cost of Work: \$100,000 - \$500,000

What are you purchasing? Supplies

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

Purchase of Sodium Hypochlorite (Chlorine Bleach) per piggyback of Charlotte County Bid No 19-582 for the Water and Wastewater Plants. To be delivered by vendor.

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 *1,000,000*

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*
~~\$1,000,000~~ general aggregate *2,000,000*
\$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:

OK per piggyback Contract - SD

***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

11-15-19

Date

Steve DeBona
Senior Risk Management Coordinator
Phone: 941.429.7138
riskservices@cityofnorthport.com

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