

## CITY OF NORTH PORT PROCUREMENT REQUEST FORM SOLE/SINGLE SOURCE/STANDARDIZATION



		Please i	ndicate: _	Visa Purch	iase	Purcha	ase Order	
	Single Current FY)	Purchase		nket Purchase chases for current F		_Change Orc	der	Amendment
DEPAR	TMENT/DI	IVISION: PO	olice		NAM	E OF REQUESTO	Rach	el Cigich
If Appli	icable: CO	MMISSION N	MEETING DAT	TE:	)23 age	NDA ITEM NUM	IBER: 23-1	501
Section purchas availabi the solid services	2-407 of the control	ne City of Nort es, equipment one source of th as technical available only	h Port Procure and contractu supply who po qualifications, from vendors	ement Code states al services that is ossesses the uniqu ability to deliver a	a Sole/Sin either: the e and singu et a particul als) who a	gle source purcho only item that w ularly available ca ar time, or service re uniquely quali	ase is defined a ill produce the pability to mee es from a public fied to perforn	is a non-competitive desired results; or is t the requirement of utility). Sole Source n such services. <b>All</b>
A.		•		r services to be p ttach a separate m		ınder this exem	ption:	
	KeyTral	k key cabin	et					
В.	-			interest of the C	-	mpt this procur	ement from c	ompetition:
The City of North Port currently has a KeyTrak key cabinet system. 2016 and is in need of being upgraded. Staff is happy with the prod received for it. The upgrade/replacement will come from KeyTrak w manufacturer.						oduct and th	ie support	
C.		•	•	nat these goods a	-			
	Other brands/manufacturers were examined (please list name and phone numbers, and explain why they are not suitable for use by the City – attach additional pages as necessary, <b>do not leave blank</b> ):							
	N/A. KeyTrak is sole source. Letter attached.							



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Other vendors were contacted (please list names and phone numbers, and explain why those contacted would not meet the needs of the City – attach additional pages as necessary, **do not leave blank**): N/A

D.	Attach documentation from the manufacturer certifying the vendor selected is the only distributor/dealer/contractor for the products or services in question and/or holds the production, unique capability, copyrights, trademark, and/or patent to the item, and check the following applicable statements:
	Patent, copyright or unique design restrictions (Sole Source) *Attach verification from Manufacturer*
	Proprietary rights in technical data and/or product formulations (e.g. cleaning compounds, lubricating oils, paint, etc.), which can only be determined through extensive laboratory analysis and examination <i>(Sole Source)</i> *Must attach verification from Manufacturer*
	Only producer, such as utility supplier or construction material supplier, that will meet the specialized needs of the department or perform the intended function (Sole Source) * Must attach verification from Manufacturer*
	Direct replacement parts, equipment or supplies that must be compatible with original equipment already installed but available only from the original equipment manufacturer. Most manufacturers have more than one dealer or distributor for their products. When this is the case, competition between dealers and/or distributors may be possible, eliminating the "sole or single source" restriction (Single Source) * Must attach verification from Manufacturer*
	When tests and/or demonstrations of equipment, supplies, part, etc. under actual operating conditions reveal superior quality, performance, design or other characteristics in a brand product(s), which is <i>available</i> from only one source. Testing must be performed as often as practical <i>(Single Source)</i> * Must attach verification from Manufacturer*
	Purchases for a brand product are to be made from one selected <b>supplier</b> , even though there are other suppliers that provide similar products. Options, such as pricing, availability, servicing, have been vetted and a supplier has been chosen that best meets the City's needs ( <i>Single Source</i> ). *Must attach backup/supporting documentation to this form.
	Maintenance, repair services or warranty which require specialized test equipment, procedures, and technical expertise available only from the original equipment manufacturer or authorized/licensed dealer/field service representative (Single Source) * Must attach verification from Manufacturer*



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	is available, the parts and equipment must be competed. (Standardization) *Must attach justification to the form. For brand-specific items, quotes should still be obtained*
	Other: None <u>or</u> some of the above apply. *Detailed explanation and justification for this sole/sing source request must be provided below. Attach additional pages as necessary*
Ε.	Vendor Information
Е.	Vendor Name: KeyTrak, Inc
	Address: 200 Quality Circle College Station, TX 77845
	Contact: salesadmin@keytrak.com Phone: 979-595-2600 Email: KGreene@keytrak.con
	Contact: Frioric: Eriali: Eriali:
	Vendor Tracking:
	Check if Vendor Documents Current
	YTD Dept Exp. (Inclusive):  \$\frac{25,267.21}{}\$
	To be completed by Purchasing:
	YTD City Wide Exp. (Inclusive): \$
	(For Purchasing Division)
	(For Purchasing Division)  Verified By:  Date Posted:
	(For Purchasing Division)  Verified By:

**PURCHASE DETAILS** 



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Please	e provide the amount of the purchase for this pr	oduct or sei	rvice: \$ 25,2	67.21				
	001-2100-521-52-50 Project #				25,267.21			
	Project #							
	Project #							
	Project #							
Line Item No.	Description	Unit of Measure	Quantity	Unit Price	Extended Price			
1.	Upgrade - Win7 to KeyTrak Edge Commercial with 3 tall drawer package, security cabinet, training and software	ea	25,267.21	1.00	25,267.21			
	Shipping (FOB Destination)							
	Total							
I approve t	Chief Todd R Garrison Ga	gitally signed by Ch arrison	nief Todd R.		<b>1</b>			
Requesting	g Department Director:	ite: 2023.10.23 13:	46:45 -04'00' <b>Date</b> Herrmann	2:				
	ministrator: Lisa Herrmann Digitally s			:				
Purchasing	/	0.24 17:48:4	3 -04'00' <b>Date</b>	<u>:</u>				
Finance Di	rector (If applicable): Kimberly Williams Digit	ally signed by Kimb : 2023.10.25 10:51	perly Williams :06 -04'00' Date	:				
Assistant (	City Manager (If applicable):		Date	<u>:</u>				

**Print Form** Clear All Fields

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