



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: \$ 365,626.85

Account # 306-2100-521-64-00 Project # PD21LP Subtotal \$ 365,626.85
 Account # _____ Project # _____ Subtotal \$ _____
 Account # _____ Project # _____ Subtotal \$ _____
 Account # _____ Project # _____ Subtotal \$ _____

Line Item No.	Description	Unit of Measure	Quantity	Unit Price	Extended Price
1.	VSS-RTCC-B1 RTCC Base	ea	1	123,431.74	123,431.74
2.	VSS-RTCC-WP RTCC workstation premium	ea	2	17,453.81	34,907.62
3.	VSS-RTCC-SIDE RTCC Workstation Premium	ea	1	1,701.76	1,701.76
4.	VSS-RTCC-WALLM-65 65" TV	ea	1	1,410.58	1,410.58
5.	VSS-BC-FB-11 Brief Cam	ea	1	15,113.35	15,113.35
6.	VSS-HVHD6 HiperView HD License	ea	2	1,579.76	3,159.52
7.	VSS-HCC6 HiperK VM Licenses	ea	2	1,579.76	3,159.52
Shipping (FOB Destination)					
Total					see next page

Attach Additional Pages if Necessary

[Print Form](#) [Clear All Fields](#)



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 Account # _____ Project # _____ Subtotal \$ _____
 Account # _____ Project # _____ Subtotal \$ _____
 Account # _____ Project # _____ Subtotal \$ _____

Line Item No.	Description	Unit of Measure	Quantity	Unit Price	Extended Price
8.	VSS-ROI-01 two man hourly rate	ea	160	148.10	23,696.00
9.	VSS-HWP6 Hiperwall Premium Suite License	ea	1	8,886.15	8,886.15
10.	VSS-RTCC-FLR-STD RTCC Flooring Standard	ea	1	5,000.00	5,000.00
11.	VSS-RTCC-GLASSWK-STD RTCC Standard Glasswork	ea	1	14,000.00	14,000.00
12.	VSS-RTCC-AV-UCORE GSA RTCC AV GSA RTCC AV	ea	1	2,271.77	2,271.77
13.	VSS-TRCC-AV-USB-BRIDGE GSA RTCC AV PoE	ea	1	1,161.65	1,161.65
14.	VSS-RTCC-AV-CONCAM GSA RTCC AV Conf. Cam	ea	1	2,789.39	2,789.39
Shipping (FOB Destination)					
Total					see next page

Attach Additional Pages if Necessary

[Print Form](#) [Clear All Fields](#)



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

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: _____