



**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: Parks & Recreation      NAME OF REQUESTOR: Tricia Wisner

If Applicable: COMMISSION MEETING DATE: 11/26/19      AGENDA ITEM NUMBER: 19-1351

*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)

American National Red Cross swim lesson training and curriculum including an annual fee to designated the North Port Aquatic Center as a Licensed Training Site.

**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)

The American National Red Cross provides water safety and swim lesson training and curriculum developed by experts in the industry. Parks & Recreation seeks to certify North Port Aquatic Center staff via the terms outlined in the attached Licensed Training Provider Agreement to allow staff to provide American Red National Cross training and swim lessons at the Aquatic Center. Upon approval, the agreement will be in effect for 36 months from execution, unless terminated by either party with thirty days' notice.

**C. Vendor Information**

Vendor Name: American National Red Cross Vendor Number: \_\_\_\_\_

Address: 25688 Network Place, Chicago, IL 60673-1256

Contact: Patrick Beason Phone: (305) 205-8712 Email: patrick.beason@redcross.org



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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):**

B. Subscriptions for periodicals, books, maps or training videos.

\*For list of exemptions, see page 3



## CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



### 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): \$ 4,135

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: \$ 4,135

Account # 001-3037-572-5500 Project # \_\_\_\_\_ Subtotal \$ 4,135  
 Account # \_\_\_\_\_ Project # \_\_\_\_\_ Subtotal \$ \_\_\_\_\_  
 Account # \_\_\_\_\_ Project # \_\_\_\_\_ Subtotal \$ \_\_\_\_\_  
 Account # \_\_\_\_\_ Project # \_\_\_\_\_ Subtotal \$ \_\_\_\_\_

Line Item No.	Description	Unit of Measure	Quantity	Unit Price	Extended Price
	Lifeguarding Course	1	50	\$38	\$1,900
	First Aid Course	1	40	\$30	\$1,200
	Water Safety Instructor Course	1	15	\$37	\$555
	2019 LTS Facility Fee 76-500	1	1	\$300	\$300
	Junior Lifeguarding	1	15	\$12	\$180
	Shipping (FOB Destination)				
				<b>Total</b>	<b>\$4,135</b>

\*Attach Additional Pages if Necessary\*

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

Requesting Department Director: [Signature] Date: 11/14/19  
 Budget Administrator: [Signature] Date: 11/13/19 *balance 99,493*  
 Purchasing: **Ginny Duyn** Digitally signed by Ginny Duyn Date: 2019.11.13 15:34:50 -05'00' Date: \_\_\_\_\_  
 Finance Director (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_  
 Assistant City Manager (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_  
 City Manager (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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