



CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



Please indicate: Visa Purchase Purchase Order

Visa Purchase or Purchase Order option AND Single Purchase or Blanket Purchase option will be selected at time of submission for each separate vendor

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

DEPARTMENT/DIVISION: City Attorney

NAME OF REQUESTOR: Amber Slayton

If Applicable: COMMISSION MEETING DATE: 09/22/2020 AGENDA ITEM NUMBER: 20-2458

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)

Outside legal services are expected to exceed \$100,000.00 in total for Fiscal Year 20/21. These amounts have already been budgeted for the City Attorney's Office. This will serve as a blanket Procurement Form - Competitive Exemptions for legal services for FY 2020/2021, to include but not limited to litigation counsel, specialized counsel, the City's hearing officer, arbitrator fees, court reporter fees, and contract counsel retained through recruiting agencies as the need arises. Purchase orders will be issued for firms as needed. When accepted, Visa will be utilized as the method of payment. Hourly rates or flat fees will be provided to Procurement with each individual request for purchase. All firms will be required to meet Risk and Procurement requirements before utilizing their services.

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)

Attorneys with relevant expertise can provide the City advice and/or representation on specific subject matter when the need arises.

C. Vendor Information *Please see attached for specific 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):

Sec. 2-403(a)(3) O - Legal Services

Sec. 2-403(a)(3) I - Personnel, including but not limited to part-time or temporary 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.

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: \$ _____

Account # <u>001-0200-514.31-02</u>	Project # <u>N/A</u>	Subtotal \$ <u>35,700.00</u>
Account # <u>001-0200-514.31-08</u>	Project # <u>N/A</u>	Subtotal \$ <u>150,000.00</u>
Account # <u>001-0200-514.31-05</u>	Project # <u>N/A</u>	Subtotal \$ <u>15,300.00</u>
Account # _____	Project # _____	Subtotal \$ _____

Line Item No.	Description	Unit of Measure	Quantity	Unit Price	Extended Price
1	Outside Legal- Non-Litigation				\$35,700.00
2	Outside Legal - Litigation				\$150,000.00
3	Other Professional Services				\$15,300.00
Shipping (FOB Destination)					
Total					\$201,000.00

Attach Additional Pages if Necessary

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

Requesting Department Director: Amber L. Slayton Digitally signed by Amber L. Slayton
DN: cn=Amber L. Slayton, o=City of North Port,
Florida, ou=City Attorney,
email=aslayton@cityofnorthport.com, c=US
Date: 2020.08.11 13:37:40 -04'00' Date: 8/11/20

Budget Administrator: _____ Date: Contingent upon approval of FY 20/21 budget

Purchasing: _____ Date: _____

Finance Director (If applicable): _____ Date: _____

Assistant City Manager (If applicable): _____ Date: _____

City Manager (If applicable): _____ Date: _____

Print Form

Clear All Fields