



Please indicate: Visa Purchase Purchase Order
Single Purchase Blanket Purchase Change Order Amendment  (For current FY) (Ongoing purchases for current FY)
DEPARTMENT/DIVISION Public Works - Fleet Mangement NAME OF REQUESTOR Ken Rappuhn
Sections 2-403 of the City of North Port Procurement Code states that certain procurements shall not be subject to competitive requirements in the judgment of the Procurement Official.
A. Please describe all products and/or services to be procured under this exemption:
2019 FORD TRANSIT MED ROOF CARGO XL VAN
B. Vendor Information
Vendor Name: Garber Ford, Inc Vendor Number: 6651
Address: 3380 HWY 17 GREEN COVE SPRINGS, FL 32043
Contact: Ryan Davis Phone: 904-264-2442 Email: RDavis@garberautomall.com
C. Briefly explain why it is in the best interest of the City to exempt this procurement from competition:

Vendor quoted from the Florida Department of Management Services State Contract that was competitively bid. Other contract vehicles were also considered including the Sheriff's contract (\$31,089.00) and the Tallahassee vehicle contract (\$29,991.78) but Garber Ford

Inc. was the lowest bidder (\$29,235.85).

(If additional space is needed, please attached separate memo)





D. Please select one of the fo	owing:					
Piggyback (Departments may utilize another municipality, county, or other governmental agency contract). To requesting department must provide the following documentation: copy of the solicitation and addendured 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 needed.						
Name of Entity:	Contract Number:					
Start Date:	End Date:					
Is a fee required to utilize this	ontract? Yes No If yes, how much? Vendor-Paid City-Paid					
	questing department must provide the following documentation: copy of the tak val and contract **Further price negotiations may be conducted with state-awarded					
Number: 25100000-18-1	Name/Category: Motor Vehicles					
Start Date: November 17, 20	7 End Date: November 16, 2019					
Florida Sheriff's Association Bio the tab sheet/price sheet, agen	The requesting department must provide the following documentation: copy or approval and contract					
Number:	Name/Category:					
Start Date:	End Date:					
	ting department must provide the following documentation: copy of the neet/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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- (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.
    - I. 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.

Other Exemption (not specified by code): (If additional space is needed, please attach separate mem	io)		
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No. of the Contract of the Con		
Vendor Tracking:		
Check if Vendor Document	s Current	
YTD Dept Exp. (Inclusive):	\$	
To be completed by Purchasing		
YTD City Wide Exp. (Inclusive):	\$	





#### **PURCHASE DETAILS**

Please provide the amount of the purchase	\$ 29,235.85		
Please provide the estimated fiscal year expe	\$		
Account #	Project #	Subtotal \$ 29,235.85	
Account #	Project #	Subtotal \$	
Account #	Project #	Subtotal \$	
Account #	Project #	Subtotal \$	

Description	Unit	Qty	Unit Price	Total
2019 TRANSIT MED ROOF CARGO XL VAN	EA	1	29,235.85	\$ 29,235.85
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	Constraint		gradio Laboro	\$
				\$
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				\$
Shipping (FOB Destination)				\$
		Т	otal	\$ 29,235,85

Requesting Department Director:	Belli	Date: 2/8/19	2
119 Att Budget Administrator:	Prosser	Date: 2 19 19	Subject to Budget then
Purchasing: Ginny Duyn	Digitally signed by Ginny Duyn Date: 2019.02.14 11:50:39 -05'00'	Date:	Ordinance 2019-03.
Finance Director (If applicable):	mlightenell	_Date: <u> </u>	7
Assistant City Manager (If applicable):			
City Manager (If applicable):		Date:	£
Commission Meeting Date (if applicable	e):3/5/19		