



CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



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: FSA17-VE125 25.0 Spec #11 Name/Category: Police Rated, Administrative, Utility Vehicles, Trucks & Vans

Start Date: October 1, 2017 End Date: September 30, 2018

- ☐ 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

Sec. 2-403. - Exemptions.

- (a) (2) Procurement contracts between the city and nonprofit organizations, other governments or other public entities.



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(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.

☐ Other Exemption (not specified by code): _____
(If additional space is needed, please attached separate memo)

Requesting Department Director: J. B. B. B. B. Date: 3/8/18

Budget Administrator: _____ Date: _____

Purchasing: _____ Date: _____

Finance Director (If applicable): _____ Date: _____

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

City Manager (If applicable): _____ Date: _____

Commission Meeting Date (If applicable): _____

Vendor Tracking:

YTD Dept Exp. (Inclusive): \$ _____

To be completed by Purchasing:

YTD City Wide Exp. (Inclusive): \$ _____