

CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



Sin	gle Purchase (For current FY) Change Order Amendment				
Bla	nket Purchase (Ongoing purchases for current FY)				
DEPAR'	DEPARTMENT/DIVISION General Services/IT NAME OF REQUESTOR Vicki Edwards				
	is 2-403 of the City of North Port Procurement Code states that certain procurements shall not be subject to				
compet	titive requirements in the judgment of the Procurement Official.				
A.	Please describe all products and/or services to be procured under this exemption: Laserfiche document management and workflow.				
В.	Vendor Information				
	Vendor Name: MCCI LLC.				
	Address: P.O. Box 2235				
	Tallahassee, FL 32316				
	Contact: Logan Di Liello Phone: 800-342-2633 Email: logan@cmminnovations.com				
	Will the Vendor accept Visa Card/E-Payables for this transaction: yes no				
	Is there an additional fee charged for credit card payments?				
	If yes, complete and attach the Visa Purchase Request Form, if applicable.				
C.	Briefly explain why it is in the best interest of the City to exempt this procurement from competition: (If additional space is needed, please attached separate memo)				
	Under this contract we are receiving the best pricing for this product.				
D.	Please provide the amount of the purchase for this product or service: \$\frac{125,141.59}{Account #\frac{135-2700-524-64-00}{Project #\frac{BD17TI}{}}				
	Account #Project #				
	Please provide the estimated fiscal year expenditure for this product or service: $\frac{125,141.59}{}$				

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E. Please select one of the following:

requesting department me tabsheet/price-sheet, vend	ust provide the following do lor submittal, entity approval	ty, county, or other governmental agency cocumentation: copy of the solicitation and I (either stated in the solicitation or letter to tion. Purchasing may request additional in	d addendum from vendor
	f Miami _{cor}	ntract Number: IFB 391322	
Start Date: 06/16/20	14 _{End Date:} _06/15	IFB 391322 5/2018	
		If yes, how much?	8
		Vendor-Paid Cit	y-Paid
The state of the s		ust provide the following documentation: co ther price negotiations may be conducted with s	
Number :	Name/Categ	gory:	
Start Date:	End Date:		
The second secon	Bid: The requesting departm	nent must provide the following documenta	tion: copy of
Number :	Name/Categ	gory:	
Start Date:	End Date:		
	· .	ride the following documentation: copy of th , agenda approval and contract	e solicitation
Lead Entity:	Contract Nu	umber:	
Start Date:	End Date:		
Code Exemption* (Specify):	f	•	
*For list of exemptions, se	ee 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.
 - 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 need	ed, please attach separate memo)					
Requesting Department Di	Date:					
Procurement Manager's Ap	Date:					
Finance Director's Approva	Date:					
City Manager's Approval (If	Date:					
Commission Meeting Date (if applicable):						
	Vendor Tracking:					
	YTD Dept Exp. (Inclusive): \$					
	To be completed by Purchasing:					
	YTD City Wide Exp. (Inclusive): \$					