



CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



Please indicate: ☐ Visa Purchase ☒ Purchase Order

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

DEPARTMENT/DIVISION Fire Rescue

NAME OF REQUESTOR Amy Turner

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:

Purchase of one new cardiac monitor/defibrillators.

B. Vendor Information

Vendor Name: Physio Control

Vendor Number: 941

Address: 1181 Willows Rd, NE, Redmond, WA 98073

Contact: Amanda McBride Phone: (269) 760-1106 Email: amanda.mcbride@stryker.com

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)

The State of Oklahoma, as the lead state in conjunction with the National Association of State Procurement Officers has competitively bid these products. Physio-Control has advised this is the best discounted pricing available than even they can provide which results in cost savings to the City.



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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: State of Oklahoma Contract Number: SW0300

Start Date: October 5, 2018 End Date: October 4, 2019

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):**

*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.

☐ **Other Exemption (not specified by code):**

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

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: **\$ 37,397.10**

Please provide the estimated fiscal year expenditure for this product or service: **\$ 128,706.80**

Account # 001-2222-526.64-00	Project #	Subtotal \$ 37,397.10
Account #	Project #	Subtotal \$
Account #	Project #	Subtotal \$
Account #	Project #	Subtotal \$

Description	Unit	Qty	Unit Price	Total
LifePak 15 V4	each	1	\$30,415.20	\$ 30,415.20
REDI-CHARGE Base	each	1	\$1,292.00	\$ 1,292.00
AC Power Cord	each	1	\$68.85	\$ 68.85
LP15 REDI-CHARGE Adapter Tray	each	1	\$175.10	\$ 175.10
LP15 Lithium-ion Battery 5.7 amp hrs	each	3	\$398.65	\$ 1,195.95
Carry case top pouch for use w/LP15	each	1	\$48.45	\$ 48.45
LIFEPAK 15 Carry case back pouch	each	1	\$69.70	\$ 69.70
LIFEPAK 15 Basic Carry case w/right & left pouches	each	1	\$272.00	\$ 272.00
M-LNCS DCI, Adult Reusable Sensor, 1/box	each	1	\$255.85	\$ 255.85
Rainbow DCI Adt Reusable Sensor, 1/box	each	1	\$544.00	\$ 544.00
LIFEPAK 15 Service - 2 YEAR	each	1	\$3,060.00	\$ 3,060.00
				\$
				\$
				\$
				\$
Shipping (FOB Destination)				\$
			Total	\$ 37,397.10

Requesting Department Director: Joseph M. Ward D/C Date: 4/17/19

4/18 Budget Administrator: Joe M. Prosser Date: 4/18/19

Purchasing: Ginny Duyn Digitally signed by Ginny Duyn Date: 2019.04.18 15:14:17 -04'00' Date: _____

Finance Director (If applicable): Kennedy Fico Date: 4/23/19

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

City Manager (If applicable): _____ Date: _____

Commission Meeting Date (if applicable): _____