



	Ple	ease indicate: 🔳 Visa Purch	ase	Purchase (Order	
(Fc	Single Purchas	Se Blanket Purchase (Ongoing purchases for current FY)	[] Cr	nange Order	Amen	dment
DEPAR	TMENT/DIVISION	Police	NAME	OF REQUESTOR	Rachel Birke	ett
		f North Port Procurement Code states to nt of the Procurement Official.	hat certaiı	n procurements sha	ll not be subject to	competitive
A.	Comcast Inter	Il products and/or services to be pro net services 19-0461 set for 05/28/2019 mee		der this exemptic	on:	
В.	Vendor Informati	on				
	Vendor Name: C	omcast		Vendor Nun	nber: 4254	7207
	Contact: Joseph	n Ambrose Phone: 229-896-3	3285	Email: Joseph_	Ambrose@cor	ncast.com
C.		y it is in the best interest of the City is needed, please attached separate me		pt this procureme	ent from competi	tion:
	The City of North Port Police Department currently has Comcast Internet services. The current pricing structure does not afford internet speeds that are fast enough to handle the additional bandwidth that is required for the day to day functions of the Police Department. This new contract (3 year term) is for a greater bandwidth for uploads and downloads. The quote from Comcast was less expensive and two (2) years shorter in duration than the quote received from Frontier.				ndle the artment.	





	D. Please select one of th	e following:	
Piggyback (Departments may utilize another municipality, county, or other governmental age requesting department must provide the following documentation: copy of the solicitation tabsheet/price-sheet, vendor submittal, entity approval (either stated in the solicitation or le agenda approval and contract as back-up documentation. Purchasing may request addition needed.			ocumentation: copy of the solicitation and addendum, I (either stated in the solicitation or letter from vendor)
	Name of Entity:	Cor	ntract Number:
	Start Date:	End Date:	
	Is a fee required to utilize t	this contract? (Yes (No	If yes, how much? Vendor-Paid City-Paid
			ust provide the following documentation: copy of the tab ther price negotiations may be conducted with state-awarded
	Number:	Name/Cate	gory:
	Start Date:	End Date:	
		n Bid: The requesting depart genda approval and contract	ment must provide the following documentation: copy of
	Number:	Name/Cate	gory:
	Start Date:	End Date:	
	•		t provide the following documentation: copy of the rsubmittal, agenda approval and contract
	Lead Entity:	Contract Nu	ımber:
	Start Date:	End Date:	
	Code Exemption* (Specify)	:	
	Sec.2-403.(a)(3)k		
	*For list of exemptions, see pa	ge 3	





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.
 - i. Funeral related services.
 - k. Water, sewer, electrical, cable television or other utility services.
 - 1. 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 Documer	nts Current
YTD Dept Exp. (Inclusive):	\$
To be completed by Purchasing	g
YTD City Wide Exp. (Inclusive)	: \$





\$ 4.800.00

PURCHASE DETAILS

		.,
Please provide the estimated fiscal year expe	enditure for this product or service:	\$ 4,800.00
Account # 001-2100-521-41-00	Project #	Subtotal \$ 4,800.00
Account #	Project #	Subtotal \$
Account #	Project #	Subtotal \$
Account #	Project #	Subtotal \$

Please provide the amount of the purchase for this product or service:

Description	Unit	Qty	Unit Price	Total
Internet Services	Month	4	\$1200.00	\$4,800.00
				\$
	<i>a</i> 4			\$
				\$
				\$
				\$
2				\$
	[200] 1 [2 10		9	\$
				\$
				\$
				\$
				\$
				\$
				\$
	10.000	MC E		\$
Shipping (FOB Destination)				\$
		Ť	otal	\$4,800.00

Requesting Department Director:	_ Date: 5/3/19
Budget Administrator: Mcelm Thurm	Date: 5/13/19 FGZ, 907
Purchasing: alla FSlyspen	Date: 5/13/19
Finance Director (If applicable):	
Assistant City Manager (If applicable):	_Date:
City Manager (If applicable):	_Date:
Commission Meeting Date (if applicable): 5-28-19	