



CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



☐ **Single Purchase** (For current FY) ☐ **Change Order** ☐ **Amendment**

☐ **Blanket Purchase** (Ongoing purchases for current FY)

DEPARTMENT/DIVISION _____ NAME OF REQUESTOR _____

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: _____

B. Vendor Information

Vendor Name: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Will the Vendor accept Visa Card/E-Payables for this transaction: ☐ yes ☐ no

Is there an additional fee charged for credit card payments? ☐ yes ☐ no

- 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)

D. Please provide the amount of the purchase for this product or service: \$ _____

Account # _____ Project # _____

Account # _____ Project # _____

Please provide the estimated fiscal year expenditure for this product or service: \$ _____



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E. 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: _____ 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 : _____ 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)

Requesting Department Director's Signature: _____ Date: _____

Procurement Manager's Approval: _____ Date: _____

Finance Director's Approval (If applicable): _____ Date: _____

City Manager's Approval (If applicable): _____ Date: _____

Commission Meeting Date (if applicable): _____

Vendor Tracking:

YTD Dept Exp. (Inclusive): \$ _____

To be completed by Purchasing:

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