

CITY OF NORTH PORT PROCUREMENT FORM COMPETITIVE EXEMPTIONS



Please	indicate: Visa Purchas	se Purchase On	der
Single Purchase	Blanket Purchase	Change Order	Amendment
(For current FY)	(Ongoing purchases for current FY)		

DEPARTMENT/DIVISION Public Works - Fleet Management NAME OF REQUESTOR Ken Rappuhn

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 one (1) 2020 Crane Carrier Crew Cab chassis and Loadmaster rear loader body.

B. Vendor Information

Vendor Name: Container Systems & Equipment Company, Inc. Vendor Number: 1292

Address: 506 Bellevue Avenue, Daytona Beach, Florida 32114

Contact: Robert Barton Phone: (386) 253-5555 Email: info@containersys.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)

Cooperative bid process allows for the purchase of critical equipment quicker than other acquisition methods and flexibility to choose product according to business needs.



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D. Please select one of the follow	ing:	
requesting department must prov tabsheet/price-sheet, vendor subn	vide the following in ittal, entity approv	ality, county, or other governmental agency contract). The documentation: copy of the solicitation and addendum, val (either stated in the solicitation or letter from vendor) tation. Purchasing may request additional information if
Name of Entity:	Co	ontract Number:
Start Date:	End Date:	
Is a fee required to utilize this cont	tract? Yes No	If yes, how much?
		Vendor-Paid City-Paid
•	- '	must provide the following documentation: copy of the tab urther price negotiations may be conducted with state-awarded
Number: FSA18-VEH16.0, Specificat	tion #16. Name/Cat	regory:
Start Date:	End Date:	
Florida Sheriff's Association Bid: The tab sheet/price sheet, agenda a		rtment must provide the following documentation: copy of ct
Number: FSA18-VEH16.0, Specifica	tion #16 Name/Cat	egory: Cab and Chassis Trucks 4X6
Start Date: October 1 2019	End Date: Septer	mber 30 2020
		ust provide the following documentation: copy of the dor submittal, agenda approval and contract
Lead Entity:	Contract N	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.
 - 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 needed, please attach separate memo)	

Vendor Tracking:	
Check if Vendor Document	ts Current
YTD Dept Exp. (Inclusive):	\$
To be completed by Purchasing	3
YTD City Wide Exp. (Inclusive):	\$



CITY OF NORTH PORT PROCUREMENT FORM **COMPETITIVE EXEMPTIONS**



PURCHASE DETAILS

Please provide the amount of the purchase for this product or service:			\$ 289,549.00				
Please provide the estimated fiscal year expenditure for this product or service: \$							
Account #324-3032-534.64-00 Proje			Project # SW20VH		Subtotal \$ 289,549.00		
Account #		Projec	Project #		Subtotal \$		
Account #		Droier	Project #		Subtotal \$		
Account #		Project #		Subtotal \$			
	Description		Unit	Qty	Unit Price	Total	
	2020 Crane Carrier Rear Load Garbage Truck		EA	1	289,549.00	\$ 289,549.00	
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						\$	
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	Shipping (FOB Destination)					\$	
	Shipping (1 Ob Destination)		- 1	To	otal	\$ 289,549.00	
				10	Cai	\$ 200,540.00	
Requesting Department Director: A Bello Date: 10/3/19 Budget Administrator: Date: 10/3/19 Purchasing: Date: 10/3/19 Finance Director (If applicable): Date: 10/4/19							
Assistant C	City Manager (If applicable):			D	ate:		

City Manager (If applicable): ___

Commission Meeting Date (if applicable):_

Date: _____