



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: _____

NAME OF REQUESTOR: _____

If Applicable: COMMISSION MEETING DATE: _____ AGENDA ITEM NUMBER: _____

Section 2-403 - Exemptions of the City of North Port Procurement Code states that certain procurements shall not be subject to competitive requirements in the judgment of the Purchasing Agent.

A. Please describe all products and/or services to be procured under this exemption:

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

B. Briefly explain why it is in the best interest of the City to procure under this exemption:

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

C. Vendor Information

Vendor Name: _____ Vendor Number: _____

Address: _____

Contact: _____ Phone: _____ Email: _____



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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: _____ **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.

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: \$ _____

Account # _____ Project # _____ Subtotal \$ _____

Account # _____ Project # _____ Subtotal \$ _____

Account # _____ Project # _____ Subtotal \$ _____

Account # _____ Project # _____ Subtotal \$ _____

Line Item No.	Description	Unit of Measure	Quantity	Unit Price	Extended Price
	Shipping (FOB Destination)				
				Total	

Attach Additional Pages if Necessary

I approve the competitive exemption procurement(s) as requested herein:

Requesting Department Director: _____ Date: _____

Budget Administrator: _____ Date: _____

Purchasing: _____ Date: _____

Finance Director (If applicable): _____ Date: _____

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

City Manager (If applicable): _____ Date: _____