

## Resolution No. 2950

**A Resolution of the City of Sanford, Florida, amending the City's annual operating budget for the fiscal year beginning October 1, 2020 and ending September 30, 2021; providing for implementing administrative actions; providing for a savings provision; providing for conflicts; providing for severability and providing for an effective date.**

**Whereas**, the Commission of the City of Sanford, Florida has adopted an annual operating budget for the fiscal year beginning October 1, 2020 and terminating on September 30, 2021 specifying certain projected revenues and expenditures for the operations of Sanford municipal government; and

**Whereas**, the City's budget presumes that each department generally will, to the best of their ability, maintain its expenditures within its allocated budgeted level and exercise prudence in expending funds during the course of the City's fiscal year; and

**Whereas**, from time-to-time circumstances and events may require that the original City budget may need revision; and

**Whereas**, the City Commission, in its judgment and discretion, has the authority to adjust the budget to more closely coincide with actual and expected events.

**Now, therefore, be it adopted and resolved by the City Commission of the City of Sanford, Florida as follows:**

### **Section 1. Adoption of Budget Amendment.**

The annual operating budget of the City of Sanford for the fiscal year beginning October 1, 2020 and terminating on September 30, 2021 is hereby revised and amended by Attachment "A". The Attachment is hereby incorporated into this Resolution as if fully set forth herein verbatim. Except as amended herein, the annual operating budget for the City of Sanford for fiscal year beginning October 1, 2020 and

terminating on September 30, 2021 shall remain in full force and effect.

**Section 2. Implementing administrative actions.**

The City Manager, or designee, is hereby authorized and directed to implement the provisions of this Resolution by means of such administrative actions as may be deemed necessary and appropriate.

**Section 3. Savings.**

The prior actions of the City of Sanford relating to the adoption of the City budget and related activities are hereby ratified and affirmed.

**Section 4. Conflicts.**

All resolutions or parts of resolutions in conflict with this Resolution are hereby repealed.

**Section 5. Severability.**

If any section, sentence, phrase, word, or portion of this Resolution is determined to be invalid, unlawful or unconstitutional, said determination shall not be held to invalidate or impair the validity, force or effect of any other section, sentence, phrase, word, or portion of this Resolution not otherwise determined to be invalid, unlawful, or unconstitutional.

**Section 6. Effective Date.**

This Resolution shall become effective immediately upon enactment.

Passed and adopted this 12<sup>th</sup> day of April, 2021.

Attest:

City Commission of the City of  
Sanford

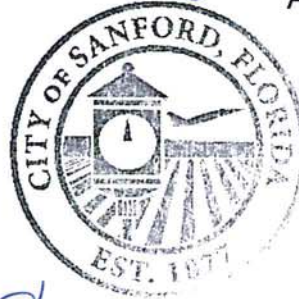
Traci Houchin, MMC, FCRM

Traci Houchin, MMC, FCRM  
City Clerk

Art Woodruff

Art Woodruff, Mayor

For use and reliance of the Sanford  
City Commission only.  
Approved as to form and legality.



William Colbert

William Colbert, City Attorney





**CITY COMMISSION MEMORANDUM 21-098**  
**APRIL 12, 2021 AGENDA**

**TO:** Honorable Mayor and Members of the City Commission  
**PREPARED BY:** Chief Craig Radzak, Fire Chief  
**SUBMITTED BY:** Norton N. Bonaparte, Jr., City Manager  
**SUBJECT:** Approval of Resolution No. 2950 and Procurement to Stryker Sales Corporation

**STRATEGIC PRIORITIES:**

- Unify Downtown & the Waterfront
- Promote the City's Distinct Culture
- Update Regulatory Framework
- Redevelop and Revitalize Disadvantaged Communities

**SYNOPSIS:**

Approval of Resolution No. 2950 to amend the budget in the amount of \$43,698 for the procurement of a replacement Power Load not to exceed \$21,849 is requested.

**FISCAL/STAFFING STATEMENT:**

Funds are requested in the amount not to exceed \$21,849 in the capital project fund to purchase an MTS Power Load in the Fire Operations Division. SS 20/21-128 has been posted per City's Purchasing Policies and Procedures.

**BACKGROUND:**

Last year, one of our rescue/ambulance was involved in a driving accident and was evaluated by the City's insurance adjuster. The rescue/ambulance was deemed a total loss along with the power load which was installed in the rescue.

**LEGAL REVIEW:**

No legal review requested of the City Attorney.

**RECOMMENDATION:**

It is staff's recommendation that the City Commission approve Resolution No. 2950 to amend the budget in the amount of \$43,698 for the procurement of a replacement MTS Power Load in an amount not to exceed \$21,849 to Stryker Sales Corporation.

**SUGGESTED MOTION:**

“I move to approve Resolution No. 2950 to amend the budget in the amount of \$43,698 for the procurement of a replacement MTS Power Load in an amount not to exceed \$21,849 to Stryker Sales Corporation.”

Attachments: Resolution No. 2950  
SS 20/21-128

# ATTACHMENT A REQUEST FOR BUDGET AMENDMENT

Fiscal Year 2021  
Department: Fire

Division: Operations

4/12/2021

**CHANGES IN REVENUES**

| REVENUE ACCOUNT NUMBER |         |        |     |           | Current      | Current   | Amount of | Adjusted   |
|------------------------|---------|--------|-----|-----------|--------------|-----------|-----------|------------|
| Fund                   | Revenue | Act Cd | Ele | Project # | Budget       | Balance   | Change    | Unrealized |
| 360                    | 0000    | 381    | 60  | 00        | \$ 3,070,825 | \$ 13,922 | \$ 21,849 | 35,771     |
|                        |         |        |     |           |              |           |           |            |
| 001                    | 0000    | 389    | 90  | 00        | \$ 8,859,836 |           | \$ 21,849 | 8,881,685  |

TOTAL CHANGES IN REVENUES \$ 43,698

**CHANGES IN EXPENDITURES**

| EXPENDITURE ACCOUNT NUMBER |         |          |     |     | Current      | Current   | Amount of | Remaining |
|----------------------------|---------|----------|-----|-----|--------------|-----------|-----------|-----------|
| Fund                       | Dpt/Div | Activity | Obj | Ele | Budget       | Balance   | Change    | Balance   |
| 360                        | 3001    | 522      | 64  | 00  | \$ 1,698,328 | (2,218)   | 21,849    | 1,720,177 |
| 001                        | 7979    | 581      | 91  | 20  | \$ 1,612,000 | 1,612,000 | 21,849    | 21,849    |

TOTAL CHANGES IN EXPENDITURES \$ 43,698

REASON FOR AMENDMENT: Replacement of Power Load deemed total loss as a result of rescue/ambulance involved accident

DIRECTOR APPROVAL: [Signature] DATE: 3/30/21

FINANCE APPROVAL: [Signature] DATE: 4/6/21

CITY MANAGER APPROVAL: [Signature] DATE: 4.13.2021

CITY COMMISSION AGENDA DATE: 4.12.2021 APPROVED Y

FOR FINANCE USE

Entry Date: 04/15/2021  
S. Posey

Batch Number: B# 2846

Document #: BA 07-104  
Res# 2950  
CCM# 21-098





City of Sanford | Finance Department | Purchasing Division

300 N. Park Avenue, Sanford, Florida 32771
Phone: 407-688-5030 or extension 5028 | Fax: 407-688-5021

PUBLIC NOTICE OF INTENT TO ENTER INTO A SINGLE SOURCE PURCHASE

Table with 4 columns: Field Name, Value, Field Name, Value. Includes Date, Tracking Number, Project Title, Notice Posting Date, Department, Requested Amount, Contract Term, Notice Expiration Date.

RECOMMENDED | INTENDED CONTRACTOR INFORMATION

Table with 4 columns: Field Name, Value, Field Name, Value. Includes Name, Address, Phone #, Contact, Fax #, Cellular #.

SINGLE SOURCE PURCHASE DESCRIPTION

This information is designed to inform the supplier community and the public that the City of Sanford, a municipal corporation existing under the laws of the State of Florida, intends to enter into a non-competitive Agreement to purchase a product and or service.

This description of commodities or contractual services intended for purchase from a single source is posted in accordance with sections 120.57(3) and 287.057(3), Florida Statutes and will remain posted for a period of at least seven (7) business days.

Commodity Code of Requested Product/Service: 470 010 Ambulance Cots and Stretchers (Incl. Shifting Boards)

Manufacturer, Model, and Description, as appropriate: Stryker MTE Powerload, Model #6390 cot mounting system

Quantity: \$21,848.94

Requestor: Shirley Brinson

Performance and/or Design Requirements: Stryker MTE Powerload, Model #6390 cot mounting system

Justification for single source acquisition: This product is proprietary to the manufacturing Stryker medical and is to be used in conjunction with current Stryker power pro xt stretchers.

If you believe you are a qualified supplier capable of providing the same type of product/service, please submit a statement of qualifications, product information and or capabilities as applicable to the below listed Purchasing Division contact person.

PROCUREMENT DIVISION CONTACT INFORMATION

Table with 6 columns: Field Name, Value, Field Name, Value, Field Name, Value. Includes Procurement Contact Person, Address, Phone #, Extension, Fax #, Email.

Prospective contractors are requested to provide information regarding their ability to supply the commodities or contractual services described. If it is determined in writing by the City, after reviewing any information received from prospective contractors, that the commodities or contractual services are available only from a single source, the City shall publicly post a Notice of Intent to Award for its intended decision to enter a single-source purchase contract in the manner specified in the City's Purchasing Policy and Section 120.57(3) Florida Statutes, as applicable.





**City of Sanford | Finance Department | Procurement Division**  
 300 N. Park Avenue, Sanford, Florida 32771  
 Phone: 407.688.5028, or 5030 | Fax: 407.688.5021

**PROCEDURE  
11.175**

**SINGLE/SOLE SOURCE JUSTIFICATION FORM**

**Date:** 03/09/2021 **Tracking Number:** SS 20/21-128  
**Department:** Fire **Requestor:** Shirley Brinson  
**Project Title:** Rescue Power-Load **Contract Term:**  
**Requested Amount:** \$21,848.94 **Revised Contract Total:**

**RECOMMENDED SUPPLIER CONTACT INFORMATION**

**Name:** Stryker Sales Corporation **Contact:** Susan Cote  
**Address:** 3800 E. Centre Ave., Portage, MI 49002  
**Phone #:** 407-497-2636 **Fax #:** **Website:** (xxx) xxx-xxxx

**REQUESTED PRODUCTS | SERVICES INFORMATION**

Please provide a description of the goods/services being requested and its function.

**Products Name | Manufacturer Model Number | or Service:** Stryker MTS Power Load, Model #6390 cot mounting system  
**Description | Function:** One Power Load system replacement. This product is proprietary to the manufacturer Stryker Medical and is to be used in conjunction with current Stryker Power Pro XT Stretchers. The power load being purchased is a replacement for Power load totaled with rescue as a result of auto accident in June 2020.

**JUSTIFICATION**

Please select all applicable of the following statements and provide additional information as required explaining why this purchase should be precluded from the competitive solicitation process.

**Basis Single Source**

This is a **unique or proprietary procurement**. Please explain in detail the reasons below that the requested product or service is the only one able to meet the current need, and why no other source or product can do so (compatibility or standardization with other equipment; uniqueness of brand to meet needs). Include other brands that were evaluated and the reasons they did not meet your needs.  
 ➤ Note that brand name goods or services may be available from several sources (resellers or distributors).

**IMPORTANT NOTICE**

**Basis Sole Source**

The identified vendor is the only vendor authorized to sell the requested good or service. Please attach the sole source letter from the vendor confirming that that manufacturer/vendor is the only one who can sell the requested service or product. This must be on vendor letterhead and signed by a vendor authorized signatory.

Box 1.  Competition is precluded because of the existence of patent rights, copyrights, confidential process, exclusive distribution rights, control of raw material, or other such conditions. **Provide the patent number, copyright, or a description of the conditions.**  
 Supporting Information:

Box 2.  Item to be purchased is the only item compatible with existing piece of equipment owned by the City and is only available from this vendor. **Attach documentation from manufacturer supporting no other supplier or distributor can provide item.**  
 Description, Make, Model and Serial Number of Existing Equipment: The Stryker MTS Power load model #6390 is manufactured and specifically designed to be used with Power Pro XT cots currently owned and used by the Fire Dept.

Box 3.  Technical services in connection with the assembly, installation or servicing of equipment of a highly technical or specialized nature. **Provide explanation of services required and why another supplier cannot be used.**

Box 4.  Upgrade to existing software. Available only from the producer of this software who sells on a direct basis only. **Attach documentation showing this is the only supplier that sells the software or can perform the upgrade.**  
 Name, Version and End Users (Department, Division, Office) of Existing Software:

Box 5.  Repair/Maintenance service requires expertise in operations on unit. Necessary parts unavailable from any source except original equipment manufacturer or their designated servicing dealer. **Provide explanation of expertise or attach documentation from manufacturer supporting that this is the only designated dealer.**  
 Supporting Information:





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**SINGLE/SOLE SOURCE JUSTIFICATION FORM**

Box 6.  Use of this supplier is required by contract / agreement or granting or other governing agency. **Attach a copy of the award page or requirement page referencing this requirement.**

List Contract Number, Grantor, Agency:

Box 7.  Used or demonstration equipment available at a lower-than-new cost. **Provide pricing for equipment if purchased as new. Attach or provide information showing no other used or demonstration equipment is available or why this is not be an option.**

Supporting Information:

Box 8.  Standardization of a component on the basis of compatibility or maintenance reliability. **Please explain. Provide documentation on when standardization occurred and solicitation process. Provide comparable documented reliability.**

Box 9.  Item or service is so unique there is no reasonable comparison. **Explain the rationale and the process used to determine this (provide copies of website review, due diligence conducted, analysis, email(s) and/or documentation from supplier, etcetera).**

Box 10.  Urgent need (safety hazard, necessity of keeping vital equipment operative, preventing further economic loss or interruption of a vital service). **Please explain the urgent circumstances and why a competitive solicitation cannot be used.**

Box 11.  Other. **Please explain and attach supporting documentation.**

**DEPARTMENT/DIVISION/OFFICE CERTIFICATION**

The undersigned, on behalf of the requesting Department/Division/Office, hereby certify that the information contained herein is true, correct and agree to be bound by the commitments contained herein. Familiarity with particular brands or types of equipment, materials or service providers has not been a deciding influence on this request. The recommendation for single/sole source procurement is based upon an objective review of the product/service required with no known conflict of interest in the best interest of the City. It is understood the final determination of single/sole source determination designation shall be made by the Procurement Division.

| Approval (as applicable)             | Print Name         | Signature | Date       |
|--------------------------------------|--------------------|-----------|------------|
| Department/Division/Office Manager:  | Shirley A. Brinson |           | 03/09/2021 |
| Department/Division/Office Director: | Chief Craig Radzak |           | 03/09/2021 |

**CITY MANAGER | PROCUREMENT ADMINISTRATOR REVIEW | APPROVAL (as applicable)**

Notice of Intent for Single Source Purchase Notice Posting: Posted Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Upon review of the documentation provided; this request is hereby:

Approved – Meets designation requirements  Not Approved – Does not meet designation requirements

Supporting documentation has been saved in the procurement file.

All single/sole source requests approval forms (Procurement Action Form or Agenda Request Form) must include the following language: "This request is for approval of single/sole source procurement. All appropriate forms, procedures, and processes have been completed in accordance with the Florida Statutes and the Procurement Division has validated this request."



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**PROCEDURE  
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**SINGLE/SOLE SOURCE JUSTIFICATION FORM**

|                          | Print Name      | Signature | Date            |
|--------------------------|-----------------|-----------|-----------------|
| Approval (as applicable) |                 |           |                 |
| Purchasing Manager       | Enter Name Here |           | Enter Date Here |
| City Manager             | Enter Name Here |           | Enter Date Here |

**IMPORTANT NOTICE**

**Before declaring a commodity or service as a single-source purchase, please read the following:**

Pursuant to section 838.22, Florida Statutes, as amended, it is a felony of the second degree for a public servant to circumvent a competitive bidding process required by law or rule by using a single-source contract for commodities or services and is punishable as provided in sections 775.082, 775.083, or 775.084, Florida Statutes.