

# PURCHASING POLICY EXCEPTION FORM

RQ62985  
RQ62986  
PD 4/21/23  
CK 267130  
VN 95793

**FROM:**

DATE: 4/6/23  
DEPARTMENT: FLEET  
VENDOR: Nesseralla Custom

DEPT DIRECTOR/  
MGR SIGNATURE: Brenda Perkel DATE: 4/6/23

Amount of Invoice: \$40,000 Invoice Date: 4/6/23

The attached request for disbursement does not appear to be in compliance with County Purchasing Policy, for the following reason:

Recently Fleet did an emergency purchase of 2 stock Medics due to ordered units being cancelled. This request was necessary to get these units in service as soon as possible. The units needed to be painted prior to getting graphics done. The work was performed prior to getting a Purchase Order and the vendor needs to be paid to put the Medics in service.

Please forward all documentation with this form attached, and letter of explanation, to the Chief Procurement Officer.

TO: CHIEF PROCUREMENT OFFICER

Please review, and upon approval, forward to County Administration.

Carle Rosset - Jantz Date: 4/10/2023

Resolution: The department has been scheduled for procurement training on 4/18/2023.  
Procurement training will include training on purchasing thresholds, requisitions, and  
other topics relevant to departmental adherence to procurement policies.

To process this disbursement, the request must be approved by the County Administrator.

TO: COUNTY ADMINISTRATOR

Please review, and upon approval, forward to the Finance Department for processing.

APPROVED FOR PAYMENT:

COUNTY ADMINISTRATOR (or designee): [Signature]  
DATE: 4/10/23

APPROVED FOR PAYMENT:

FINANCE DIRECTOR/

ASST. FINANCE DIRECTOR Frances Pioszak Date: [Signature]

APPROVED  
By Frances Pioszak at 9:08 am, Apr 17, 2023

# Invoice

Bill From: Nesseralla Unlimited  
935 W Jefferson St  
Brooksville, FL 34601

Bill To: Hernando County Fleet  
Hernando County Fleet  
1525 E Jefferson St  
Brooksville, FL 34601  
  
bpeshel@hernandocounty.us

Invoice #: GT3870  
Issued: 04/05/23  
Due Date: 04/05/23

Invoice Total  
**\$20,000.00**

## Items

Paint Medic 210	\$20,000.00	1	\$20,000.00
<i>prep and paint Medic 210 to match existing unit</i>			

Subtotal \$20,000.00

Balance Due **\$20,000.00**

# Invoice

Bill From: Nesseralla Unlimited  
935 W Jefferson St  
Brooksville, FL 34601

Bill To: Hernando County Fleet  
Hernando County Fleet  
1525 E Jefferson St  
Brooksville, FL 34601  
  
bpeshel@hernandocounty.us

Invoice #: GT3871  
Issued: 04/06/23  
Due Date: 04/06/23

Invoice Total  
**\$20,000.00**

Items			
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Paint Medic 205	\$20,000.00	1	\$20,000.00
<i>prep and paint Medic 205 to match existing unit</i>			

Subtotal \$20,000.00

Balance Due **\$20,000.00**

## HERNANDO COUNTY VENDOR QUOTE SHEET

NOTE: ALL PURCHASES SHALL BE MADE IN ACCORDANCE WITH HERNANDO COUNTY PURCHASING ORDINANCE AND POLICIES AND PROCEDURES OF GOODS AND SERVICES.

VENDOR'S NAME			A) <b>REVRTC</b>		B) <b>Kinghts Auto</b>		C) <b>Nesseralla Auto</b>		D)	
ITEM	DESCRIPTION	QTY	UNIT PRICE	EXT PRICE	UNIT PRICE	EXT PRICE	UNIT PRICE	EXT PRICE	UNIT PRICE	EXT PRICE
2	Paint Medics to match	2	32000	64000	26000	52000	20000	40000		
3										
4										
5										
6										
7										
8										
9										
10										
FREIGHT \$										
DELIVERY LEAD TIME:										
<b>GRAND TOTAL \$</b>				64000		52000		40000		

CONFIRMING PURCHASE ORDER: ☐ YES ☐ NO

**PROCUREMENT METHOD:**

- ☐ DIRECT SOLICITATION - \$2,500.00 purchase or less, only one verbal quote required.
- ☒ REQUEST FOR QUOTE - Over \$2,501, but less than \$35,000, three or more written quotes required.
- ☐ BLANKET PO- Non-Contractual up to \$10,000 or Contractual up to \$35,000
- ☐ COMPETATIVE/SEALED BID - In excess of \$35,000 purchase, multiple vendors are invited, a minimum of two or more sealed bids are required.
- ☐ REQUEST FOR PROPOSAL: - In excess of \$35,000 purchase, multiple vendors invited to propose; two or more written proposals are required.
- ☐ SINGLE SOURCE - The one source among others in a competitive marketplace that for justifiable reason has predominant qualifications for selection. (Attach -Small Purchase Memo)
- ☐ SOLE SOURCE - The one and only source regardless of the marketplace, possessing a unique and singularly available purpose. (Attach -Sole Source Memo)
- ☐ COOPERATIVE PURCHASE – A purchase made under another governmental agency's contract that was obtained using competitive bidding procedures. **AGENCY/#** \_\_\_\_\_
- ☐ EMERGENCY PURCHASE – A purchase made due to possible health, life, welfare, or safety threat to staff or citizens.
- ☐ **INSURANCE- Required if work being performed for the County (Service or Construction)**
- ☐ **FUNDING –Grants, loans, FDOT, Federal or other funding part of this requirement.**

RECOMMEND AWARD TO: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

This award is based on “Best Value” to HERNANDO COUNTY, using the following Criteria

**SAVINGS:** \_\_\_\_\_

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Lowest Purchase Price  | <input type="checkbox"/> Negotiation                 |
| <input checked="" type="checkbox"/> Skill and Experience   | <input type="checkbox"/> Previous Price \$ _____     |
| <input checked="" type="checkbox"/> Capacity to Perform    | <input checked="" type="checkbox"/> New Vendor       |
| <input type="checkbox"/> Past Performance                  | <input type="checkbox"/> New Product                 |
| <input type="checkbox"/> Budget Requirements               | <input type="checkbox"/> Quantity Discount           |
| <input type="checkbox"/> Location and Service Reputation   | <input type="checkbox"/> High vs. Low on Current Bid |
| <input type="checkbox"/> Quality Offered                   | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Delivery Requirements             |  |
| <input type="checkbox"/> Local Vendor Preference -5% or 3% | Additional Cost \$ _____                             |

AWARD MADE TO: \_\_\_\_\_ PURCHASING SIGNATURE: \_\_\_\_\_ # \_\_\_\_\_ DATE: \_\_\_\_\_

**PRINT FORM**

**CLEAR FORM**



# REQUEST FOR QUOTE

HERNANDO COUNTY BOARD OF  
COUNTY COMMISSIONERS  
PURCHASING & CONTRACTS DEPARTMENT

THIS IS NOT  
AN  
ORDER

352-754-4020, FAX 352-754-4199  
15470 FLIGHT PATH DR.  
BROOKSVILLE, FL 34604

Quotation No. FL23-001

Date: 3-1-2023

Project Name New Medic Paint

Requesting Department Fleet

Name: Hernando County Fleet Managment

Address: 1525 E Jefferson

Brooksville, FL 34601

Contact Person: Brenda Peshel

Telephone: 352-540-6508

Fax: \_\_\_\_\_

Date & Time Due for Return of Quote: 3-1-23

Please see reverse side for Terms, Conditions and Instructions to Bidders applicable to this Quotation.

ITEM	QUAN.	DESCRIPTION	STOCK NO.	NET PRICE	TOTAL
1	2	Paint New Medic to Match Medic 7		\$20,000.00	\$40,000

QUOTE MUST INCLUDE DELIVERY

Destination Delivery Date or Start of Work 3-1-2023

FOB DESTINATION \_\_\_\_\_

It is hereby certified and affirmed that the bidder will accept any awards made to him as a result of this quotation.

The award may be all or partial being in the best interest of Hernando County.

It is further agreed that prices quoted will remain firm for a minimum period of 60 calendar days from quotation opening date.

Contact Person Submitting Quote: Robert Nesserella

Firm Name: Nesserella

Address: 935 West Jefferson st

City: Brooksville

State: FL

Zip: 34601

Telephone No: 352-585-1265

Fax No: \_\_\_\_\_

DATE 3-1-2023

PRINT/TYPE NAME: \_\_\_\_\_

TITLE: Owner

SIGNATURE: 

[illegible]

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:  
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE,  
 INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)  
 I REQUEST A WRITTEN ESTIMATE

I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS  
 ESTIMATE WITHOUT MY WRITTEN APPROVAL.

I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED  
 \$\_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

I DO NOT REQUEST A WRITTEN ESTIMATE.

\*Checked lines apply (Preparer must check at least one):

☐ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

☐ This amount includes a charge of \$ \_\_\_\_\_, which is required under \_\_\_\_\_ law.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: \_\_\_\_\_ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto, if I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$ \_\_\_\_\_ will be applied.

SIGNED Brenda Postel

DATE 3-6-23

**a. edams**  
GT3870

# REQUEST FOR QUOTE

HERNANDO COUNTY BOARD OF  
COUNTY COMMISSIONERS  
PURCHASING & CONTRACTS DEPARTMENT

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352-754-4020, FAX 352-754-4199  
15470 FLIGHT PATH DR.  
BROOKSVILLE, FL 34604

Quotation No. FL23-001

Date: 3-1-2023

Project Name New Medic Paint

Requesting Department Fleet

Name: Hernando County Fleet Managment

Address: 1525 E Jefferson

Brooksville, FL 34601

Contact Person: Brenda Peshel

Telephone: 352-540-6508

Fax: \_\_\_\_\_

Date & Time Due for Return of Quote: 3-1-23

Please see reverse side for Terms, Conditions and Instructions to Bidders applicable to this Quotation.

ITEM	QUAN.	DESCRIPTION	STOCK NO.	NET PRICE	TOTAL
1	2	Paint New Medic to Match Medic 7		\$20,000.00	\$40,000

QUOTE MUST INCLUDE DELIVERY

Destination Delivery Date or Start of Work 3-1-2023

FOB DESTINATION \_\_\_\_\_

It is hereby certified and affirmed that the bidder will accept any awards made to him as a result of this quotation.

The award may be all or partial being in the best interest of Hernando County.

It is further agreed that prices quoted will remain firm for a minimum period of 60 calendar days from quotation opening date.

Contact Person Submitting Quote: Robert Nesserella

Firm Name: Nesserella

Address: 935 West Jefferson st

City: Brooksville

State: FL

Zip: 34601

Telephone No: 352-585-1265

Fax No: \_\_\_\_\_

DATE 3-1-2023

PRINT/TYPE NAME: \_\_\_\_\_

TITLE: Owner

SIGNATURE: \_\_\_\_\_



# REQUEST FOR QUOTE

HERNANDO COUNTY BOARD OF  
COUNTY COMMISSIONERS  
PURCHASING & CONTRACTS DEPARTMENT

THIS IS NOT  
AN  
ORDER

352-754-4020, FAX 352-754-4199  
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Project Name New Medic Paint

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Name: Hernando County Fleet Managment

Address: 1525 E Jefferson

Brooksville, FL 34601

Contact Person: Brenda Peshel

Telephone: 352-540-6508

Fax: \_\_\_\_\_

Date & Time Due for Return of Quote: 3-1-23

Please see reverse side for Terms, Conditions and Instructions to Bidders applicable to this Quotation.

ITEM	QUAN.	DESCRIPTION	STOCK NO.	NET PRICE	TOTAL
1	2	Paint New Medic to Match Medic 7		\$32,000.00	\$64,000

QUOTE MUST INCLUDE DELIVERY

Destination Delivery Date or Start of Work 3-1-2023

FOB DESTINATION \_\_\_\_\_

It is hereby certified and affirmed that the bidder will accept any awards made to him as a result of this quotation.

The award may be all or partial being in the best interest of Hernando County.

It is further agreed that prices quoted will remain firm for a minimum period of 60 calendar days from quotation opening date.

Contact Person Submitting Quote: Michelle Hurst

Firm Name: Hallmark RevRTC

Address: 725 SW 46th Ave

City: OCALA

State: FL

Zip: 34474

Telephone No: 352-629-6305

Fax No: \_\_\_\_\_

DATE 3-1-2023

PRINT/TYPE NAME: Michelle Hurst

TITLE: Service Supervisor

SIGNATURE: \_\_\_\_\_



## **HERNANDO COUNTY PURCHASE ORDER TERMS AND CONDITIONS**

### **GENERAL**

The condition of this order may not be changed by Vendor/Contractor. If order is not acceptable, return to Hernando County Purchasing and Contracts Department. Failure of a Vendor/Contractor to deliver according to this purchase order awarded to him or to comply with any of the terms and conditions therein may disqualify him from receiving future orders.

### **QUALITY**

All material or services furnished on this order must be as specified and subject to County inspection and approval within a reasonable time after delivery at destination. Variations in materials or services from those specified in this order must not be made without written authority from the Chief Procurement Officer. Materials rejected will be returned at the Vendor/Contractor's risk and expense.

### **QUANTITY/PRICE**

The quantity of materials ordered or the prices specified must not be exceeded without written authority being first obtained from the Chief Procurement Officer.

### **INDEMNITY AND INSURANCE**

The Vendor/Contractor agrees to indemnify and hold harmless Hernando County, including its officers, agents and employees, from all claims, damages, losses and expenses, including reasonable attorneys' fees, and costs brought or incurred on account of injuries or damages sustained by any party due to the operations of the Vendor/Contractor under this contract. The Vendor/Contractor further agrees to provide workers' compensation for all employees, and to maintain such general and auto liability insurance as is deemed necessary by the County for the particular circumstances and operations of the Vendor/Contractor. The Vendor/Contractor further agrees to provide the County with Certificates of Insurance, indicating the amount of coverage in force, upon request.

### **PACKING**

Packages must be plainly marked with shipper's name and purchase order number; charges are not allowed for boxing or crating unless previously agreed upon in writing.

### **DELIVERY**

All materials must be shipped F. O. B. destination. The County will pay no freight or express charges, except by previous agreement. If specific purchase is negotiated on the basis of F.O.B. shipping point, VENDOR/CONTRACTOR ARE TO PREPAY SHIPPING CHARGES AND ADD TO INVOICE. Delivery must actually be affected within the time stated on purchase made between 8:00 AM and 5:00 PM Monday to Friday inclusive unless otherwise stated. In case of default by the Vendor/Contractor, Hernando County may procure the articles or services covered by this order from other sources and hold the Vendor/Contractor responsible for any excess occasioned thereby.

### **PAYMENT**

Partial billing will be accepted only for items received within the specified delivery period. Payments for items delivered after this specified delivery period will be made after the entire order is completed and accepted by Hernando County. Payment shall be made in accordance with Florida Statute 218, Florida Prompt Payment Act. Payment for accepted equipment/supplies/services will be accomplished by submission of an invoice, in duplicate; to the Ship To Address on the front of the purchase order unless otherwise indicated.

### **MATERIAL SAFETY DATA SHEET**

The Vendor/Contractor agrees to furnish Hernando County with a current Material Safety Data Sheet (MSDS) on or before delivery of each and every hazardous chemical or substance purchased which is classified as toxic under Florida Statute 442. Appropriate labels and MSDSs shall be provided for all shipments. Send MSDSs and other pertinent data to: Hernando County Purchasing and Contracts Department, 20 North Main Street, Room 365, Brooksville, FL 34601-2828.

### **OSHA REQUIREMENT**

The Vendor/Contractor or contractor hereby guarantees Hernando County that all materials, supplies and equipment as listed on the purchase order meet the requirements, specifications and standards as provided for under the Federal Occupations Safety and Health Administration Act of 1970, as from time to time amended and in force at the date thereof.

### **LEGALLY AUTHORIZED WORKFORCE**

VENDOR/CONTRACTOR represents and warrants that VENDOR/CONTRACTOR is in compliance with all applicable federal, state and local laws, including, but not limited to, the laws related to the requirement of an employer to verify an employee's eligibility to work in the United States. VENDOR/CONTRACTOR is encouraged (but not required) to incorporate the IMAGE best practices into its business and, when practicable, incorporate verification requirements into its agreements with subcontractors. The IMAGE Best Practices can be found on the COUNTY'S website at [www.hernandocounty.us/pur/](http://www.hernandocounty.us/pur/).

### **INSURANCE**

Unless otherwise specified, the Contractor shall, at its sole expense, maintain in effect at all times during the performance of the services insurance coverage with limits not less than those set forth below (unless limits have been lowered) and with insurers and under forms of policies satisfactory to COUNTY.

<b><u>Coverage</u></b>	<b><u>Minimum Amounts and Limits</u></b>
(a) Worker's Compensation Employer's Liability	Statutory requirements at location of work \$ 100,000 each accident \$ 100,000 by employee \$ 500,000 policy limit
(b) Commercial General Liability (Additional Insured & Waiver Of Subrogation)	\$ 2,000,000 General Aggregate \$ 2,000,000 Products-Comp. Ops Agg. \$ 1,000,000 Each Occurrence \$ 5,000 Medical Expense
(c) Automobile Liability Option of Split Limits:	\$ 1,000,000 Combined Single Limit (owned, hired and non-owned)
(1.) Bodily Injury	\$ 1,000,000 Per Person or \$1,000,000 Per Accident