

**Charlotte County Purchasing Division
Administrative Approval**

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:

Parks, Recreation, and Cultural Resources / Alisa True / x – 1549

2. DATE:

October 26, 2009

3. REQUESTED MOTION/ACTION:

Recommend Senior Division Manager - Purchasing award Quote #09-314, Portable Toilet Services, to AmberJack Sanitation, Inc. of Englewood, FL at the unit rates quoted for an estimated total annual cost of \$30,000.00. The term of the Contract is from November 1, 2009 through and including September 30, 2010, with option to renew for two additional one-year terms at the same prices, terms and conditions, by mutual consent.

4. IS THIS ITEM BUDGETED (IF APPLICABLE)?: YES NO IF NO, STATE ACTION REQUIRED

BUDGET ACTION:

FINANCIAL IMPACT SUMMARY STATEMENT:

DETAILED ANALYSIS ATTACHED?: YES NO BUDGET OFFICER _____ DATE _____

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

This is an annual contract utilized by various Charlotte County Departments for the provision of portable toilet services at various locations through out Charlotte County.

Of the 25 vendors notified, 6 were local. Of the 2 quotes received, one was deemed non-responsive due to the fact that it was submitted on the wrong quote form.

The only responsive, responsible quote was received from AmberJack Sanitation, Inc. of Englewood, Florida. There rates for the services required are as follows:

One (1) Cleaning Per Week	
Monthly Rate/per unit	\$60.00
Weekly Rate/per unit	\$50.00
Two (2) Cleanings Per Week	
Monthly Rate/per unit	\$70.00
Weekly Rate/per unit	\$60.00

Therefore, it is recommended that the Senior Division Manager - Purchasing award Quote #09-314, Portable Toilet Services, to AmberJack Sanitation, Inc. of Englewood, FL at the unit rates quoted for an estimated total annual cost of \$30,000.00. The term of the Contract is from November 1, 2009 through and including September 30, 2010, with option to renew for two additional one-year terms at the same prices, terms and conditions, by mutual consent.

6. RECOMMENDED APPROVAL AND DATE (YES & NO BLOCK INDICATE IF APPROVAL IS/IS NOT REQUIRED)

DIVISION/DEPARTMENT DIRECTOR	PURCHASING	BUDGET	OTHER	COUNTY ATTORNEY	COUNTY ADMINISTRATOR
YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	See Attached.	See Attached.	n/a	n/a	n/a