

CITY OF CAPE CORAL
REQUEST FOR SOLE SOURCE OR SINGLE SOURCE PURCHASE

Requesting Department: Utilities Dept./Water Reclamation

Vendor Name: Fluid Control Specialties, Inc.

Address: 111 Maritime Drive Sanford, Florida 32771

Phone: 407-302-5611 E-Mail: Robert.whritenour@fc-spec.com

Price: \$ 30,000

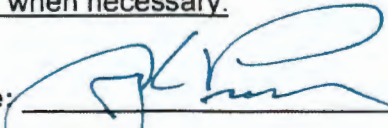
Description of item to be procured: Service to 19 of our motorized valves including but not limited to replacement knobs, LCD displays, and name plates.

1.) Uniqueness of vendor's item/service. How is this vendor the only vendor uniquely qualified to provide the product or service: _

Rotork Controls, Inc. is the sole manufacturer of Rotork products and associated equipment. Fluid Control Specialties, Inc. located in Sanford, Florida is the sole and exclusive Municipal representative for Rotork actuators within the state of Florida, including all counties east of Rt. 231.

2.) Market Research. Describe other, similar sources or products available in the market, if any, and why they are not acceptable: There are a few other companies that provide motorized actuators. We currently have three of them in our facility. Each one is unique and must be serviced by themselves.

3.) Proposed Actions. Describe the actions the department will take to overcome the present barriers to competition for any future acquisition of this product or service: We will perform continuing, further research on companies, components, processes, and equipment capable of meeting the needs of Utilities and the Community. Research factors include, but are not limited to: cost, specifications of existing equipment and processes, reliability, and ease of repair if and when necessary.

Department Director's Signature:  _____

Approval: Procurement Manager  11/6/23
(not to exceed \$50,000.00)

Approval: City Manager _____
(not to exceed \$100,000.00)

Council authorization required if exceeding \$100,000.00

MEMORANDUM
CITY OF CAPE CORAL
UTILITIES DEPARTMENT

TO: Wanda Roop, Procurement Manager
Mark Mason, Finance Director

FROM: Jeff Pearson, Utilities Director 

DATE: October 23, 2023

SUBJECT: Fluid Control Specialties, Inc. as Sole Source Provider

Water Reclamation is requesting a purchase order to Fluid Control Specialties, Inc for Rotork valve actuators and parts. Fluid Controls Specialties is the sole source provider for Rotork products. Purchases from Fluid Control Specialties shall be in an amount not to exceed \$30,000.00.

Rotork products are in use in both the Everest Water Reclamation Facility (EWRF) and the Southwest Water Reclamation Facility (SWWRF). Water Reclamation is requesting \$30,000.00 for the repair of 19 Rotork motorized valve actuators. These actuators are vital to the facility in the automation of aeration and water valves.

Southwest Water Reclamation has over 30 actuators throughout the facility. Over time the knobs to locally operate the valves fail and the liquid crystal display screens fade from exposure to the elements.

Funds have been budgeted for fiscal year (FY) 2024, in Southwest Operating Account 400-36016-546102, Equipment Repair and Maintenance.

JP/ap (Fluid Control Specialties, Inc. as Sole Source Provider)

C: Jeff Walter, Wastewater Manager
Matt Astorino, SWWRF Chief Operator



October 13, 2023

Attn: To whom it may concern.

Subject: Sole Source Representative 2023

To whom it may concern,

Rotork Controls, Inc.
675 Mile Crossing Blvd.
Rochester, New York
14624

tel: +1 585 247 2304
fax: +1 585 247 2308
www.rotork.com

Rotork Controls, Inc. is the sole manufacturer of Rotork products and associated equipment. Fluid Control Specialties, Inc. located in Sanford, Florida is the sole and exclusive Municipal representative for Rotork actuators within the state of Florida, including all counties east of Rt. 231. Counties excluded are Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, and Gulf.

No other representative can sell products; provide OEM replacement parts, maintenance, repair services, field services and technical support for Rotork Controls, Inc. within the state of Florida excluding the counties identified above.

Products will be deemed out of warranty if any ancillary equipment associated with the installation of said products is done by anyone other than the aforementioned representative.
Your contact for Fluid Control Specialties, Inc. is:

Robert Whritenour
111 Maritime Drive
Sanford, Florida 32771
Office: 407.302.5611
Fax: 407.302.5612
Email : robert.whritenour@fc-spec.com

If you have questions regarding this issue, please contact me at (918) 734-9276

Sincerely,

Jack Burns

Jack Burns
Area Sales Manager - Florida



QUOTATION		
DATE	NUMBER	PAGE
9/28/2023	0023317	1 of 1

B COC158
 I CITY OF CAPE CORAL
 L ATTN: FINANCEACCOUNTS PAYABLE
 L PO BOX 150027
 T CAPE CORAL, FL 33915
 O US

S CITY OF CAPE CORAL
 H 2104 SW 32 ST
 I CAPE CORAL, FL 33914
 P US
 T
 O

Accepted By: _____
 Company: _____
 Date: _____
 PO#: _____
 Ship To: _____

ATTENTION:

WE ARE PLEASED TO PROPOSE THE FOLLOWING FOR YOUR CONSIDERATION:

TERMS: NET 30

CUSTOMER REF/PO#	JOB TITLE	SLP	SHIPPING TYPE
RSS SERVICE	RSS SERVICE	RAW/HHB	SEE DETAILS BELOW

RSS SERVICE TO INCLUDE:
 ADDITIONAL UNITS NEEDING PARTS

6	RSS LCD DISPLAY	LCD DISPLAY Estimated Tax SubTotal	\$59.00	\$354.00
6	RSS NAMEPLATE	NAMEPLATE Estimated Tax SubTotal	\$173.00	\$1,038.00
2	RSS DEVICENET	IQT3 DEVICENET Estimated Tax SubTotal	\$3,328.00	\$6,656.00
1	RSS IQT CONV/KIT	RSS IQT CONVERSION KIT DEVICENET Estimated Tax SubTotal	\$2,824.00	\$2,824.00
1	RSS IQ3 CONV/KIT	RSS IQ3 CONVERSION KIT DEVICENET Estimated Tax SubTotal	\$3,329.00	\$3,329.00
6	RSS IQ2 WINDOW KIT	RSS IQ2 WINDOW KIT Estimated Tax SubTotal	\$140.00	\$840.00
1	RSS SERVICE	RSS SERVICE LABOR Estimated Tax SubTotal	\$3,179.00	\$3,179.00

This quote is subject to and incorporates by reference Fluid Control Specialties ("Fluid Control Spec") Terms & Conditions and Customer Warranty available at www.fluidcontrolspec.com which will be provided by email upon written request. Buyer expressly agrees to the provisions set forth in the ("Fluid Control Spec") Terms & Conditions and Customer Warranty posted on Fluid Control Specialties website.

QUOTE VALID FOR 60 DAYS. CREDIT CARD PAYMENTS ARE SUBJECT TO AN ADDITIONAL 3% CHARGE NO TAXES OF ANY KIND ARE INCLUDED IN THIS PROPOSAL

TOTAL: \$18,220.00

111 Maritime Drive Sanford, FL 32771 - Phone: 407-302-5611

www.fluidcontrolspec.com



CERTIFICATE OF LIABILITY INSURANCE

1/1/2024

DATE (MM/DD/YYYY)

12/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

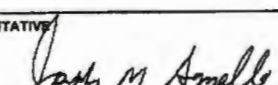
PRODUCER LOCKTON COMPANIES 5500 Wayzata Blvd., Suite 510 Minneapolis MN 55416 763-512-8600 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED 1484349 FLUID CONTROL SPECIALTIES, LLC 111 MARITIME DRIVE SANFORD FL 32771	INSURER A : The Charter Oak Fire Insurance Company NAIC # 25615	
	INSURER B : Travelers Property Casualty Company of America 25674	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 17420100 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIAB <input checked="" type="checkbox"/> XCU COVERAGE INCL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: \$10M TOTAL AGG	Y	N	630-8T447641	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	810-8T447604	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	CUP-8T520916	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB-8T447769	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Cape Coral is named as an Additional Insured on General liability if required by written contract.

CERTIFICATE HOLDER 17420100 City of Cape Coral 3300 S.W. 20th Avenue Cape Coral FL 33915	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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PRODUCER LOCKTON COMPANIES 5500 Wayzata Blvd., Suite 510 Minneapolis MN 55416 763-512-8600 kcasu@lockton.com	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : The Charter Oak Fire Insurance Company		25615
INSURER B : Travelers Property Casualty Company of America		25674
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

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	AUTHORIZED REPRESENTATIVE <i>Joseph M. Amello</i>

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