SOLE SOURCE REQUEST AND DETERMINATION FORM

This form must be forwarded to the Purchasing Officer for the City of Santa Fe Purchasing Office for processing.

)ate: 10/27/	23				
repared By:	P. Fred Heerbrand	lt, P.E.	Title:	Engineer Sup	pervisor
endor Namo	e: Xylem Water So	olutions US	A, Inc.		
ddress:	4828 Parkway	Plaza Blvd	., Suite 200		
lity:	Charlotte	State:	NC	Zip Code:	28217
-	f Good/Service to b Basins and the Mai		d: Replacement of p ain Pumps.	oumps at the A	Aeration Basins,
stimated Co	st: \$23,876.00		Term of Con	tract: 1-year	
Explai depart	•	only avai	lable source that	can meet the	needs of your

2.	Explain why this vendor is the only available source from which to obtain this product of service.
X	The company has affirmed (memo from vendor is attached) that there is no other source for this item. Our search for possible vendors proved unsuccessful; or
	Other reason, please explain in full. Attach additional sheets, if necessary.
3.	Explain why the price is considered fair and reasonable.
This	s is the only source for this proprietary part.
4.	Describe the efforts made to obtain the best possible price from this sole source vendor for the taxpayers. What (if any) is the total cost savings from the original quote? (Attach additional sheets, if necessary.)
Th	is is the only source for this proprietary part.
Аррі	rovals:
justi	ed on the above facts, the Purchasing Office has made the determination that the fication for the Sole Source procurement is in accordance with Section 13-1-126, NMSA and will be posted for a 30-day period prior to award.
	Jan 22, 2024
	vis Dutton-Leyda Date of Procurement Officer

Pursuant to Section 13-1-126, NMSA 1978, the 30-day posting period of the Notice of Intent to Award this Sole Source request was met and no obligation to the award to the above referenced contractor were received. This Sole Source determination will be valid for a period of one (1) year from the date of the award.

Travis Dutton-Leyda Date
Chief Procurement Officer
City of Santa Fe

Required Attachments:

^{*}Letter from Contractor, if applicable

^{*}Agenda Item to be presented to City Council if over \$60,000 for Professional Services and \$60,000 for Goods and Non-Professional Services



Chris Falbo Sales Engineer – Treatment, Leopold, USA

Xylem Water Solutions USA, Inc. 108 Tomlinson Drive, Suite 400 Zelienople, PA 16063 tel: 724-453-2051 email: chris.falbo@xylem.com

To Whom it May Concern,

In response to your request, Xylem Water Solutions USA. Inc. respectfully presents the following information:

Leopold, a Xylem brand, is the sole source supplier of Leopold equipment. Leopold is the manufacturer and markets the products directly to municipalities and general contractors through this office. Although we have exclusive representation throughout the U.S., we do not utilize distributors in the marketing of our products. No other spare parts are interchangeable with the Leopold product line.

We trust this information meets with your requirements. Should you have any questions or require additional information, please do not hesitate to contact us.

Sincerely,

Chris Falbo

On Behalf of Xylem Water Solutions USA, Inc.



September 7, 2023

QUOTE No.: **S23226 R1**

Xylem Water Solutions USA, Inc. Leopold Products

108 Tomlinson Drive Suite 400 – Zelienople, PA 16063

Chris Falbo Sales Engineer (724) 453-2051 Chris.falbo@xylem.com

Name: Carl Atencio

Company:

Address: For Santa FE, NM CV (WWSC)

Phone:

(505) 955-4639

Email: cmatencio@santafenm.gov

Rep:

Thank you for your inquiry. Xylem is pleased to provide a quote for the following equipment:

Description	Part #	Quantity	Lead Time (weeks)	Unit Price	Extended Price
CV IDL ASSY 3/16 CBL	S23226-CVN-1	2	8-10	\$ 11,938.00	\$ 23,876.00
				1	
				-	*
				Total Price	\$ 23,876.00

TERMS AND CONDITIONS OF SALE – NORTH AMERICA This order is subject to the Standard Terms and Conditions of Sale – Xylem Americas effective on the date the order is accepted. Terms are available at http://www.xyleminc.com/en-us/Pages/terms-conditions-of-sale.aspx and incorporated herein by reference and made a part of the agreement between parties.

Different terms are hereby rejected unless expressly assented to in writing.

Freight Terms: DAP Jobsite Terms of Delivery: Freight Prepaid & Add (Incoterms 2010) Minimum Order: \$50.00





QUOTE No.: \$23226 R1

Lead Time to Shipping: From receipt of order as outlined in the table above. Stated lead-times are estimated at time of quotation but may be impacted by the current COVID-19 virus pandemic including effects from supplier's raw material shortages and labor constraints as well as global transportation and logistics delays.

Taxes: The prices quoted above do not include any state, federal, or local sales or use taxes.

Terms of payment: 100% Net 30 days

Xylem's payment shall not be dependent upon Purchaser being paid by any third party unless Owner denies payment due to reasons solely stributable to items related to the equipment being provided by Xylem Inc.

Backcharges: Purchaser shall not make purchases nor shall Purchaser incur any labor that would result in a backcharge to Seller without prior written consent of an authorized employee of Seller.

Shortages: Seller will not be responsible for any apparent shipment shortages or damages incurred in shipment that are not reported within two weeks from delivery to the jobsite. Damages should be noted on the receiving slip and the truck driver advised of the damages. Please contact our office as soon as possible to report damages or shortages so that replacement items can be shipped and the appropriate claims made.

Validity: This quote will expire in thirty (30) days unless extended in writing by Xylem Water Solutions USA, Inc.

In order to process your request properly, please provide a Purchase Order or signed quote referencing Leopold Proposal Number S#_____ and provide the following information:

- Complete Billing and Shipping Address
- Telephone Number, Fax Number and E-mail
- Contact Information (Name, Phone Number, E-mail)
- Tax Certificate (If Applicable)
- Complete Service Location Address Information
- Contact Name, Telephone Number and E-mail
- Any other applicable information you may like to add

Accepted By (Authorized Signature):		
Printed name:		
Date:		Purchase Order #:
Billing Name and Address:		Shipping Name and Address:
Tax exemption #:	OR	% Sales Tax Applicable:
Contact person:		
Phone number:		

Thank you for the opportunity to provide this quotation. Please contact us if you have any questions.

Sincerely,

Chris Falbo Sales Engineer – Leopold Products Tel 724-453-2051 Chris.falbo@xylem.com





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/03/2022

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 this certificate does not confer rights			rms and conditions of th		y, certain p		require an endorseme	nt. A s	tatement on
PRODUCER				CONTA NAME:	CT Marsh	USA, Inc			
Marsh USA, Inc.				PHONE	4 000	966-4664	FAX (A/C, No	. 212-94	8-0500
1166 Avenue of the Americas New York, NY 10036				(A/C, No E-MAIL ADDRE	SS. Newyo	rk.Certs@marsh):	
				ADDIKE		URER(S) AFFOI	RDING COVERAGE		NAIC#
CN108453421-STND-GAWUe-22-23				INSURE	R A : AIU Insurar				19399
INSURED					R B : National Ur				19445
Xylem Water Solutions USA, Inc. 4828 Parkway Plaza Blvd, Suite 200					R C : Allianz Glol		Irance Company		35300
Charlotte, NC 28217				INSURE		out thoro oo mo	arango company		
				INSURE					
				INSURE					
COVERAGES CEI	RTIFI	CATE	NUMBER:		-011507378-57		REVISION NUMBER:	2	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCHINSR	PERT POLI	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER IS DESCRIBER PAID CLAIMS.	ED NAMED ABOVE FOR DOCUMENT WITH RESPICE HEREIN IS SUBJECT	THE POL ECT TO FO ALL	WHICH THIS
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		1	4 000 000
A COMMERCIAL SERVICE EPAGE 1			GL 9584127		10/31/2022	10/31/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	1,000,000
							PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	10,000,000
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		6,000,000
OTHER: B AUTOMOBILE LIABILITY	+	-	CA 7281067 (AOS)		10/31/2022	10/31/2023	SIR: \$1,000,000 COMBINED SINGLE LIMIT	\$	5.000.000
			CA 7281068 (MA)		10/31/2022	10/31/2023	(Ea accident)	\$	5,000,000
A X ANY AUTO B OWNED SCHEDULED			CA 7281069 (VA)		10/31/2022	10/31/2023	BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS NON-OWNED			CA 7201009 (VA)		10/31/2022	10/31/2023	BODILY INJURY (Per accident PROPERTY DAMAGE	-	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
C Y IIMBREILALIAB Y	-	-	1101.004.00000			4010410000		\$	2 222 222
A OCCUR			USL00109922		10/31/2022	10/31/2023	EACH OCCURRENCE	\$	2,000,000
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	2,000,000
A WORKERS COMPENSATION	+	-	WC 35901966 (AOS)		10/31/2022	10/31/2023	v PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y/N			WC 35901967 (WI)		10/31/2022	10/31/2023	X PER OTH- STATUTE ER	+	0.000.000
ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A		WC 35901965 (CA)		10/31/2022	10/31/2023	E.L. EACH ACCIDENT	\$	2,000,000
(Mandatory in NH)			WC 33901903 (CA)		10/31/2022	10/01/2020	E.L. DISEASE - EA EMPLOYE		2,000,000
DÉSCRIPTION OF OPERATIONS below	+	-					E.L. DISEASE - POLICY LIMIT	\$	2,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Evidence of Coverage	LES (ACORD	101, Additional Remarks Schedu	le, may b	attached if more	space is require	ed)		
Lydence of Coverage									
a.									
CERTIFICATE HOLDER				CANO	ELLATION				
Xylem Water Solutions USA, Inc. 4828 Parkway Plaza Blvd., Suite 200 Charlotte, NC 28217				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE (EREOF, NOTICE WILL Y PROVISIONS.		
				AUTHO	RIZED REPRESE	NTATIVE			

Marsh USA Inc.

11029757793600



STATE OF NEW MEXICO Taxation and Revenue Department



Demesia Padilla, CPA
Secretary

JOE IZZO XYLEM WATER SOLUTIONS USA, INC 14125 SOUTH BRIDGE CIRCLE CHARLOTTE, NC 28273 February 27, 2014 CRS: 03-286810-00-3 Letter ID: L0297577936

STATE OF NEW MEXICO TAXATION AND REVENUE DEPARTMENT REGISTRATION CERTIFICATE

Date ID Issued	IDENTIFICATION NUMBER	Business Start Date
26-Feb-2014	03-286810-00-3	01-Nov-2011
Business Location	CAR SIAPA	Business End Date
14125 SOUTH BRI	DGE CIRCLE	
City and State	/3/篇 (3 /图)	Zip Code
CHARLOTTE, NC		28273
Taxpayer Name	D. C. Company of Street, Co.	Taxpayer Type
WATER CO US INC	/C/0 ITT CORPORATION	Corporation
	Q	Corporation
Firm Name	10 1111 一批处于地区区	Filing Frequency
XYLEM WATER SO	LUTIONS USA, INC	Quarterly
Mailing Address	The state of the s	
14125 SOUTH BRI	DGE CIRCLE	
City and State	7.1912	Zip Code
CHARLOTTE, NC		28273
orm Revised 02/2003		

This Registration Certificate is issued pursuant to Section 7-1-12 NMSA 1978 for Gross Receipts, County Gross Receipts, Municipal Gross Receipts, Compensating and Withholding Taxes. This copy must be displayed conspicuously in the place of business. Any purchaser of the registrant's business is subject to certain requirements under Section 7-1-61 NMSA 1978.

Division Director Tax Administration



Any inquiries concerning your Idenfication Number should be addressed to the Audit & Compliance Division, P.O. Box 630, Santa Fe, New Mexico 87504-0630

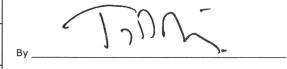
THIS CERTIFICATE IS NOT TRANSFERABLE

STATE OF NEW MEXICO TAXATION AND REVENUE DEPARTMENT REGISTRATION CERTIFICATE

Date ID Issued	IDENTIFICATION NUMBER	Business Start Date
26-Feb-2014	03-286810-00-3	01-Nov-2011
Business Location	AE STATE	Business End Date
14125 SOUTH BR	IDGE CIRCLE	
City and State	78 / M (S) (A)	Zip Code
CHARLOTTE, NC		28273
Taxpayer Name	I J I III J WENT WAS TO A	Taxpayer Type
WATER CO US IN	C /C/0 ITT CORPORATION	Corporation
	THE STATE OF THE S	Filing Frequency
Firm Name	A THE WORLD THE THE PARTY OF TH	
	DLUTIONS USA, INC	Quarterly
	18/18	Quarterly
XYLEM WATER SO	18/18	Quarterly Zip Code

This Registration Certificate is issued pursuant to Section 7-1-12 NMSA 1978 for Gross Receipts, County Gross Receipts, Municipal Gross Receipts, Compensating and Withholding Taxes. This copy must be displayed conspicuously in the place of business. Any purchaser of the registrant's business is subject to certain requirements under Section 7-1-61 NMSA 1978.

Division Director Tax Administration



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Form Revised 02/2003

Leopold Sole Source_Final

Final Audit Report 2024-01-22

Created: 2024-01-22

By: Kristy Miera (kamiera@santafenm.gov)

Status: Signed

Transaction ID: CBJCHBCAABAAjli390YidRP8H2G8AvPD3oFrgSqFIHjJ

"Leopold Sole Source_Final" History

Document created by Kristy Miera (kamiera@santafenm.gov) 2024-01-22 - 6:30:40 PM GMT

- Document emailed to Travis Dutton-Leyda (tkduttonleyda@santafenm.gov) for signature 2024-01-22 6:33:17 PM GMT
- Email viewed by Travis Dutton-Leyda (tkduttonleyda@santafenm.gov)
 2024-01-22 6:33:28 PM GMT
- Document e-signed by Travis Dutton-Leyda (tkduttonleyda@santafenm.gov)
 Signature Date: 2024-01-22 6:40:00 PM GMT Time Source: server
- Agreement completed. 2024-01-22 - 6:40:00 PM GMT

