



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggyback Request Form

(Use for purchase(s) over \$5,000, when piggybacking off other contracts)

Date 1/19/23

Department/Office Public Utilities

Division/Area Wastewater Division

Requestor Coy Mathis

Title Interim Assistant Director

Phone 954-921-3046

Email cmathis@hollywoodfl.org

1. Requested Vendor Polydyne Inc.

VendorNumber11838

Address 1 Chemical Plant Rd. Riceboro GA 31323

Contact Person Chris Cherp, Sr.

Title Technical Sales Representative

Phone 641-961-3998

Email ccherp@polydyneinc.com

2. Contract title and number requesting to piggyback? Volusia County Florida Emulsified Polymer Bid Number 22-B-08LS.

Awarding Agency Volusia County, Florida.

Contract Expiration Date 2/1/25.

Copy of Contract and Awarding Agency documentation is attached (provide if available).

[8] Yes ☐ No

3. Product/Service being requested (be specific) Provide emulsified polymer Clarifloc SE-1804 for use in the solids thickening process on the belt filter presses prior to lime stabilization treatment.

4. Detailed description of the product/service's function and purpose. Polymer is used to thicken sludge from about 1.5% to 18% solids during the dewatering process on the belt filter presses. The thickened sludge (18%) is then moved to the lime stabilization process to produce a Class AA EQ fertilizer product. The fertilizer product is used to grow sod grasses

5. Please explain what process the Department/Office took to verify and/or identify this contract. The City of Hollywood has used Polydyne for the past fourteen years for the supply of polymer in the sludge process. We are completely satisfied with the performance of their emulsified polymer product Clarifloc SE-1087 in the thickening of sludge at our WWTP.

6. Were alternative contracts evaluated to determine that the City is obtaining the most advantageous contract pricing for the required product/service?

☐ Yes ☒ No

Please explain ____

7. Total cost of the requested product/service. \$600,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$600,000.00

Account Number(s) 442.400601 .53600. 552330 .000000. 000.000.
Chemicals

9. Is this product/service covered by a warranty? ☐ Yes ☒ No

If yes, please attach a copy of the warranty details.

REQUESTING DEPARTMENT RECOMMENDATION

Note: By signing and returning this form, you are verifying and acknowledging that you have reviewed all portions (scope, terms, conditions, pricing, etc.) of the requested contract(s) and recommend its/their approval based on compliance with the City's procurement requirements and all applicable laws and regulations to the best of your knowledge

Requ

11

DocuSigned by:

Vincent Morello

6385CE2A8EB545E...

Director's Signature

1/19/23
Date

1/19/2023

Date