



**CITY OF HOLLYWOOD, FLORIDA**

**OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE**

**Piggyback Request Form**

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

Date 8/22/2023\_\_\_\_\_

Department/Office Public Utilities\_\_\_\_\_

Division/Area 400604/400503\_\_\_\_\_

Requestor Kellyv Angeles\_\_\_\_\_

Title PU ICE Manager\_\_\_\_\_

Phone 954-921-3288\_\_\_\_\_

Email  
kangeles@hollywoodfl.org\_\_\_\_\_

1. Requested Vendor Pantropic Power, Inc \_\_\_\_\_

Vendor Number 2675\_\_\_\_\_

Address 8205 NW 58<sup>th</sup> St. Miami, FL 33166

Contact Person Eduardo Riveron\_\_\_\_\_

Title Sales

Phone 954-214-1277

Email  
eddie\_riveron@pantropic.com\_\_\_\_\_

2. Contract title and number requesting to piggyback? Pantropic Power

Awarding Agency Broward County OPN2125761Q1\_1

Contract Expiration Date 8/20/2026\_\_\_\_\_

Copy of Contract and Awarding Agency documentation is attached (provide if available).  
 Yes  No

3. Product/Service being requested (be specific). Annual Mechanical and Electrical Preventive Maintenance for permanent and portables electrical generators for the Department of Public Utilities.

4. Detailed description of the product/service's function and purpose. The electrical generators provide emergency power for the Water Treatment Plant, Wastewater Treatment Plant, Stormwater Pump Stations, Sewer Lift Stations, and Water Production Wells. It is imperative to perform yearly preventive maintenance to keep the generators in optimal conditions and reliable at all times

5. Please explain what process the Department/Office took to verify and/or identify this contract. Through Public Utilities Department and their research, they have determined that Pantropic Power provided the services that were needed. They were also able to determine that we could piggyback off from the Broward County contract.

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 The Public Utilities Department did its due diligence to make sure that the City of Hollywood received the most advantageous contract available.

7. Total cost of the requested product/service. 350,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. 350,000.00

Account Number(s) 442.400602.53600.546310.000000.000.000 & 442.400502.53600.546311.000000.000.000 443.410101.53800.546310.000000.000.000

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

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

10. Will grant funds be used to pay for the requested product/service?  Yes  No

If yes, please explain \_\_\_\_\_

**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.**

DocuSigned by:

*Kelly Angeles*

9/5/2023

Requestor's Signature

Date

DocuSigned by:

*Vincent Morella*

9/6/2023

Director's Signature

Date

DS  
FJ