



## **CITY OF HOLLYWOOD, FLORIDA**

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### **OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE**

#### **Piggyback Request Form**

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

Date June 20, 2023

Department/Office Public Utilities

Division/Area ESSD

Requestor Feng Jiang

Title Assistant Director

Phone 954-921-3930

Email fjiang@hollywoodfl.org

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1. Requested Vendor Envirowaste Services Group, Inc. Vendor Number 29876

Address 18001 Old Cutler Road, Suite 554, Palmetto Bay, FL 33157

Contact Person Mike Garcia

Title Operations Manager

Phone 305-637-9665

Email mikegarcia@ewsg.com

2. Contract title and number requesting to piggyback? City of Fort Lauderdale Stormwater Infrastructure Cleaning and Maintenance Services

Awarding Agency City of Fort Lauderdale

Contract Expiration Date November 15, 2023

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

Yes  No

3. Product/Service being requested (be specific). Drainage system cleaning and maintenance services for the citywide storm drainage system

4. Detailed description of the product/service's function and purpose. The inspection, cleaning, and other preventative maintenance of stormwater pipes and appurtenances necessary to keep the stormwater system operational, reduce flooding, and increase community resiliency.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The City Staff reviewed and verified the contract between the vendor and City of Fort Lauderdale. It was determined that the City needed similar services for these infrastructure cleaning and maintenance services at these reasonable prices.

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. Up to \$500,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$500,000.00

Account Number(s) TBD \_\_\_\_\_

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:  
Feng Jiang  
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6/20/2023  
Date

DocuSigned by:  
Vincent Morello  
6385CEZA8EB54SE...

6/20/2023  
Date