



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggyback Request Form

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

Date 1/11/2022

Department/Office Public Works

Division/Area Street Maintenance Div.

Requestor Charles Lassiter

Title Assistant Director

Phone (954) 967-4526

Email classiter@hollywoodfl.org

1. Requested Vendor Florida Sidewalk Solutions

Vendor Number _____

Address 7051 SW 22nd Court, Davie, FL 33317

Contact Person Becky Navia

Title _____

Phone (305) 607-4859

Email
becky@floridasidewalksolutions.com

2. Contract title and number requesting to piggyback? Repair of Sidewalk Trip Hazards ITB 2018-40

Awarding Agency Town of Miami Lakes

Contract Expiration Date 10/03/2022

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Remedy of sidewalk trip hazards.

4. Detailed description of the product/service's function and purpose. Visually inspect, identify, measure and record sidewalk trip hazards suitable for repairs through a project area. After inspection is complete, contractor shall repair sidewalk trip hazards identified in order to achieve a contiguous level surface between slabs.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Survey municipalities to see how they mitigate sidewalk trip hazards

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 We could not identify alternative contracts that provide the same service.

7. Total cost of the requested product/service. \$200,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$200,000.00

Account Number(s) 336.509901.54100.531170.000000.000.000

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.

Requestor's Signature



Director's Signature

Date

1/11/22

Date