



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggyback Request Form

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

Date 10/05/22

Department/Office Public Utilities

Division/Area Underground Utilities

Requestor Coy Mathis

Title Underground Manager

Phone 954-921-3046

Email cmathis@holltywoodfl.org

1. Requested Vendor Intercounty Engineering, Inc.

Vendor Number 15003

Address 1925 NW 18<sup>th</sup> Street Pompano Beach, FL 33069

Contact Person Stephen Polk

Title Vice President

Phone 954-972-9800

Email smcdougle@intercountyengineering.com

2. Contract title and number requesting to piggyback? City of Sunrise, Florida Sewer Lift Station Rehabilitation and Repairs Solicitation No. BID22-17-03-MS.

Awarding Agency City of Sunrise, FL

Contract Expiration Date September 23, 2025.

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

Yes  No

3. Product/Service being requested (be specific). Provide sewer lift station rehabilitation and and repair services and appurtenances for Public Utilities wastewater lift stations. Work to be performed shall include all labor, materials, equipment, tools and incidentals to perform all tasks associated with the rehabilitation and/or repair of a sewer lift station. Services include but not limited to, by-pass pumping, wet well repair and restoration, replacement of top slabs, hatches, pumps, pipes, valves, control panels, electrical services, connection panels, underground vaults, excavating and backfilling and disposing of surplus material and restoration.

4. Detailed description of the product/service's function and purpose. Proper maintenance and operation of sewer lift stations is neccessry to transmit wastewater flow to the wastewater treatment plant, prevent sewer spills and protect Public Health and Safety.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The City of Hollywood have used Intercounty Engineering, Inc. for the past three year. We are completely satisfied with their performance in the rehabilitation and repair of lift station with us.

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. \$1,500,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$1,500,000.00

Account Number(s) To be determined in the FY 23 Budget. \_\_\_\_\_

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.**

Cory Maltais  
Requestor's Signature

10/05/22  
Date

DocuSigned by:  
Vincent Morello  
6385CE2A8EB545E...  
Director's Signature

1/4/2023  
Date