



CITY OF HOLLYWOOD, FLORIDA

Procurement Services Division

2600 Hollywood Blvd. · Room 303 · P. O. Box 229045 · Hollywood, Florida 33022-9045
Phone (954)921-3299 · Fax (954)921-3086

September 19, 2018

Broward Sheriff's Office
Attn: Vincent Cinque, Division Chief
23085 B SW 42 Street
Fort Lauderdale, Florida 33312

Dear Mr. Cinque:

Our Agreement for Fire Rescue Medical Supplies and Janitorial Supplies based upon the Broward Sheriff's Contract and the City's Blanket Purchase Order B002338, expires on 10/18/18.

The Procurement Services Division would like to renew the agreement for a one (1) year renewal period under the terms and conditions utilizing Blanket Purchase Order B002338 (copy attached).

Please advise your interest in renewing this Agreement by marking the appropriate response, signing, and returning this correspondence.

If you are unable to renew this agreement, please explain reason(s) in a separate letter.

Thanks for your help with this matter and as always, please call me at 954-921-3345 if you have questions.

A response as soon as possible would be appreciated.

Sincerely,

Janice English, Procurement Contracts Officer
Procurement Services Division

JE/jc

I agree: _____

(Signature)

I disagree: _____

(Signature)

Name: _____

V. CINQUE

(Typed or Printed)

Date: _____

02-07-19

**SHERIFF OF BROWARD COUNTY, FLORIDA
RELEASE AND WAIVER OF LIABILITY
PURCHASE OF FIRE AND MEDICAL SUPPLIES AND/OR MAINTENANCE
AND REPAIR SERVICES FOR FIRE AND RESCUE EQUIPMENT**

NOTICE: This Release and Waiver of Liability Form when signed is a contract with legal consequences. PLEASE READ IT CAREFULLY BEFORE SIGNING!

TO THE SHERIFF OF BROWARD COUNTY: In consideration of the opportunity afforded to the undersigned entity to participate in a program established by the Sheriff to allow the entity to purchase fire and medical supplies directly from the Sheriff and/or purchase maintenance and repair services for its fire and rescue equipment from the Sheriff, the entity makes the following contractual representations and agreements:

The entity understands that the fire and medical supplies are provided "as is" with all faults and BSO makes no representations or warranties, either expressed or implied, regarding the fire and medical supplies, including the warranty of merchantability and fitness for a particular purpose.

The entity **AGREES TO ASSUME THE RISKS** associated with the procurement, use, maintenance or storage of the supplies and/or the maintenance and repair services for its fire and rescue equipment.

The entity **RELEASES** and forever discharges the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the procurement, use, maintenance or storage of the supplies and/or the maintenance and repair services for its fire and rescue equipment and further agrees, to the extent permitted by law, to indemnify and hold harmless each of the released parties against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees.

The released parties are BSO, the Sheriff of Broward County, and his employees, agents and servants.

I understand that this release and indemnity agreement includes, to the extent permitted by law, any liabilities, claims, actions, damages, costs or expenses incurred as a result of the negligence, actions or inaction of any of the above released parties and covers bodily injury and property damage.

The entity has read the above provisions, fully understands the terms, and understands that it is giving up substantial rights by signing this document and has signed it freely and without any inducement or assurance of any nature and intends it to be a complete and unconditional release of such rights to the greatest extent allowed by law and agrees that, if any portion of this agreement is held to be invalid, the balance notwithstanding shall continue in full force and effect.

In entering this agreement, I represent that I have had a reasonable opportunity to seek and select legal advice and have relied upon the advice of my own legal representative,

who is an attorney of my own choice, or have voluntarily chosen not to seek the advice of an attorney, and that the terms of this agreement have been completely read and that those terms are fully understood and voluntarily accepted by me.

This Waiver and Release of Liability once executed by an individual authorized by the entity shall be deemed continuing in nature and shall remain in full force and effect for all purchases made by the entity under the program. This Waiver and Release of Liability shall be effective as of the date of execution as shown below.

Name of Entity

CITY OF HOLLYWOOD

Wazir
Name of Individual Authorized to Execute Wazir, Ishmael, Ph.D.
[Print Name]

By: *[Signature]*

5 day of Dec, 2016

ATTEST
Witnesses Signatures:

By: *[Signature]*

By: _____

APPROVED TO AFFIRM AND LEGALITY
FOR THE USE AND RELIANCE OF THE
CITY OF HOLLYWOOD, FLORIDA, ONLY.

BY: *[Signature]*
CITY ATTORNEY *AT*




CITY OF HOLLYWOOD, FLORIDA
PROCUREMENT SERVICES DIVISION

DATE: September 19, 2018

FILE: PR-18-249

TO: Chris Pratt, Fire Chief

FROM:  Janice English, Procurement Contracts Officer

SUBJECT: Blanket Contract Renewal for Fire Rescue Medical Supplies, Fire Equipment and Janitorial Supplies – B002338

ISSUE:

The current period of the above contract expires 10/18/18. The contract is renewable for one (1) additional year period if it is determined to be in the City's best interest and the vendor agrees to the renewal in writing.

EXPLANATION:

Notification of Intent to Renew must be mailed to the vendor thirty (30) calendar days in advance of the contract expiration date. Accordingly, it is requested that you give this matter your immediate attention thereby providing a timely reply to preclude contract expiration.

If you do not want to renew this contract, please explain the reason(s) in a separate memo. Also note that this contract will expire on the date mentioned above and if a new contract is to be established, you must submit bid specifications.

RECOMMENDATION:

Please reply September 26, 2018 by returning this memo appropriately filled out, signed and dated.

Date: 09-24-2018 To: Janice English, Procurement Services

The Fire Chief recommends the following:

XXX RENEW the contract under the same terms and conditions. The Budget Account Number to be charged is 01.2151.00000.522.005232.

DO NOT renew this contract. See attached memo explaining the reason(s).

DO NOT renew this contract. DO NOT prepare a replacement bid (items/services no longer needed).

XXX Estimated annual usage/expenditure is \$150,000.

By: Christopher Pratt 

Title: Fire Chief



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

**Department/Office
Contract Renewal Evaluation**

Date: 09-24-2018	
Department/Office: Fire Rescue	Division/Area: 2151
Contact Person: Alexander N. Poli	Title: Division Chief of Administration
Contact phone number: (954) 967-4248	Contact Email: Apoli@hollywoodfl.org
Purchase Order/Blanket Purchase Order #: B002338	
Contract Expiration Date: 10-18-2019	
Vendor: Broward Sheriff's Office	Contact Person: M. Erdman
Contact phone number: (954) 327-8715	Contact Email: M.Erdman@sheriff.org
Good/Service: Medical, Fire Equip & Janitorial	Solicitation #:

1. How would you rate the quality of goods/services?

Excellent Good Satisfactory Poor

2. How would you rate the courteousness vendor's personnel?

Excellent Good Satisfactory Poor

3. With regards to the goods or services provided, how satisfied are you with the following items?
(Please check one per category)

	Excellent	Good	Satisfactory	Poor
Overall Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are all goods/services on the contract being performed at the agreed upon time and manner?

Yes No

If no, please explain?

N/A

5. If you contacted the vendor, were all your questions or any issues resolved to your complete satisfaction?

Yes No Did not need to contact

If no, please explain?

N/A



CITY OF HOLLYWOOD, FLORIDA
PROCUREMENT SERVICES DIVISION

Department/Office
Contract Renewal Evaluation

6. Has the invoicing been timely, accurate and in accordance with the contract?

Yes No

If no, please explain?

N/A

7. Does the Department/Office recommend renewing a contract based upon the available renewal options when the current agreement expires?

Yes No

If no, please explain?

N/A

8. Please state any additional comments about your experience with this vendor and the goods/services provided:

N/A

Department/Office Director's Name: Christopher Pratt

Department/Office Director's Signature: 