



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggybacking Request Form

(Use for purchase(s) over \$15,000, when piggybacking off other contracts)

Date 6/9/2016

Department/Office Public Utilities

Division/Area U/B

Contact Person Mark Moore

Title Deputy Director/Finance

Phone 954-921-3596

Email mamoore@hollywoodfl.org

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1. Requested Vendor Pedal Valves Inc.

Vendor Number None

Address 13625 River Road, Luling, LA 70070

Contact Person Jason Wilkie

Title Vice President of Operations

Phone 985-785-9997

Email jasonw@pedalvalve.com

2. Contract title requesting to piggyback? PVILTX-13625

Awarding Agency City of Laredo, Texas

Contract Expiration Date 5/2/2018

Copy of Contract and Awarding Agency documentation is attached.

Yes  No

3. Product/Service being requested (be specific). Provide installation services and certain equipment to replace the existing Automated Meter Reading system with a Neptune Automated Meter Reading system.

4. Detailed description of the products/services function and purpose. Installation services to install new Neptune Meter Reading equipment plus the purchase of Handheld and Mobile Data Collection equipment plus a server upgrade

*Procurement Service Division use only*

Requisition # R  
(As Applicable)

Purchase Order # P  
(As Applicable)

Blanket Purchase Order # BPO  
(As Applicable)

5. Please explain what process the Department/Office took to verify and/or identify this contract. The contract with the City of Laredo was evaluated to verify it would meet the City of Hollywood's requirements.

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. \$1,816,635.10

8. Total estimated annual (fiscal year) cost of requested product/service. \$1,816,635.10

Account Number(s) 42.1200.00000.300.000000 \_\_\_\_\_

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

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

10. Would this purchase(s) result in the potential of future purchases for related products/services being restricted to a particular vendor or create a specific vendor as sole source provider for related items?

Yes  No

If yes, please describe the related products/services and estimated cost(s.) Neptune AML is a proprietary system

11. Would this purchase(s) result in any future maintenance costs which are not included in the initial purchase?

Yes  No

If yes, please attach a draft maintenance plan which includes cost estimates and funding source(s.) After warranty any costs related to the equipment would be covered in our normal operating budget

12. Is this a grant related purchase?  Yes  No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) \_\_\_\_\_

Will this require matching funds?  Yes  No

What is the grant source? N/A

What is the grant (dollar) amount? N/A

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

*Procurement Service Division use only*

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

Company Name(s) Searched

Search Results

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**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 and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.***

\_\_\_\_\_  
Contact Person's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

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(As Applicable)