



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Solicitation Request Form

(Over \$25,000)

(Use for informal bids and formal Bids, RFPs, RLIs, RFQs)

2019 FEB 28 AM 11:05
CITY OF HOLLYWOOD
PROCUREMENT SERVICES
DIVISION

Date 2/20/2019

Department/Office Development Services

Division/Area Comm Dev

Contract Administrator Clay Milan

Title Community Development
Manager

Phone 954.921.3271

Email cmilan@hollywoodfl.org

1. Product/Service being requested (be specific.) Rehabilitation of two City-owned single family homes.

2. Detailed description of the products/services function and purpose. Licensed general contractors are needed to perform rehabilitation services for two City-owned residential properties based on scope of work and specifications provided by staff.

Are there alternative products/services capable of performing the required function? No

3. Has this product/service previously been formally solicited by the City of Hollywood?

☒ Yes ☐ No ☐ Unsure

If yes, please provide previous solicitation number. RFQ-4524-16-RL

4. Has this product/service previously been formally solicited by another government agency?

☒ Yes ☐ No ☐ Unsure

If yes, please provide details and copy if available. Broward County Community Redevelopment has a pool of contractors that perform housing rehabilitation services.

5. Total estimated cost of the requested product/service? \$250,000.00

Procurement Service Division use only

Requisition # R
BPO
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order #
(As Applicable)

Has this cost been approved in your budget? ☒ Yes ☐ No

If yes, provide Account Number (s.) 164.000000.12890.128910.0

6. Formal Solicitations must be advertised for a minimum of 10 (ten) days and typically not more than 30 (thirty) days. How long is the Department/Office requesting to advertise this solicitation? 10 Days

7. Is a pre-bid meeting required? ☒ Yes ☐ No

If yes, are you requesting it to be mandatory? ☒ Yes ☐ No

8. Project location? 550 N. 66th Terrace, Hollywood, FL 3024 and 2323 Cleveland St., Hollywood, FL 33020

9. Completion Time: Final completion of this project shall be in TBD calendar days once a Notice To Proceed (NTP) is given to the awarded vendor.

10. Are you requesting this formal solicitation require liquidated damages (liquidated damages are not penalties, they should represent the amount of monies the City will incur/lose if the project is not completed in require time?)

☒ Yes ☒ No

11. Please list any special licenses or certification require to bid. Florida Licensed General Contractor

12. Are there any outside entities assisting with this solicitation (i.e. Architect, Consultant, etc?)

☐ Yes ☒ No

If yes, please provide the information:

Entity _____ Contact Person _____

Phone _____ Email _____

13. Are there attachments associated with this request? ☒ Yes ☐ No

14. 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.)

15. 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.)

16. Is this a grant related purchase? ☒ Yes ☐ No

Procurement Service Division use only

Requisition # R
BPO _____
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(As Applicable)

Blanket Purchase Oder # _____
(As Applicable)

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) Sufficient grant funds are in fund balance and are committed to the two projects. Funds must be fully expended prior to June 30, 2019.

Will this require matching funds? ☐ Yes ☒ No

What is the grant source? SHIP

What is the grant (dollar) amount? \$925,337.00

17. Does this solicitation for product/service work in conjunction with any other Department/Office or will it impact any other Department/Office? ☐ Yes ☒ No

If yes, please provide details on Department/Office and how. _____

Signature(s) below of other Department/Office Director(s) indicates they have reviewed and agree to this Request Form.

Signature

Department/Office

Signature

Department/Office

18. Please provide the names of suggested evaluations committee member:
(NOTE: Committee members shall not be direct reports.)

_____	_____
_____	_____
_____	_____

19. Please provide any specific vendor(s) to be included in the notification of these solicitations.
List attached

To be completed by Procurement Services Division upon award recommendation

Advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at www.sam.gov.

Date of Advanced Search _____

Company Name(s) Searched

Search Results

_____	_____
_____	_____
_____	_____
_____	_____

Procurement Service Division use only

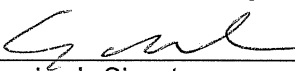
Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

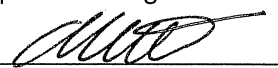
Blanket Purchase Order # _____
(As Applicable)


Contract Administrator Signature

2/20/19
Date


Supervisor's Signature

2/20/19
Date


Director's Signature

2.26.19
Date

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

Procurement Service Division use only

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