



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT OFFICE

Piggyback Request Form

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

Date December 4, 2024 (Commission Date)

Department/Office DCM

Division/Area _____

Requestor Karyn Sashi

Title Senior Project Manager

Phone 954-921-3996

Email ksashi@hollywoodfl.org

1. Requested Vendor PSI

Vendor Number: 103784

Address 792 NE 45th St, Oakland Park, FL, 33334

Contact Person Poul Folkersen

Title Director of Sales

Phone 954-299-2750

Email pfolkersen@psi-roofing.com

2. Contract title and number requesting to piggyback? **211001**

Awarding Agency Region 8 Education Service Center TIPS

Contract Expiration Date 1/31/2025

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

Yes No

3. Product/Service being requested (be specific).

Roof replacement

4. Detailed description of the product/service's function and purpose.

Remove and replace the roof at Fire Station 31 including identified damaged underlayment as required at faulty and damaged areas. The existing roof will be removed and replaced with a roof system that will also include lightning protection and gutters. The combination of flat roofing and tile roofing at the facility will be rated to protect against 185 mph winds.

5. Please explain what process the Department/Office took to verify and/or identify this contract.

TIPS confirms and issues a compliance letter

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 The use of TIPS was most beneficial to procure PSI Roofing for this scope of work

7. Total cost of the requested product/service. \$300,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$300,000.00

Account Number(s):

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

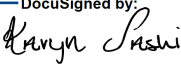
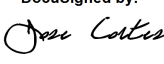
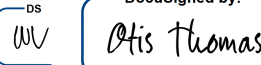
If yes, please attach a copy of the warranty details. (see attached proposal with warranty information)

10. Will grant funds be used to pay for the requested product/service? Yes No

If yes, please explain _____

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.

<p>DocuSigned by:  <small>F96E895FB9444BC...</small></p> <p>Requestor's Signature</p>	<p>11/4/2024</p> <p>_____ Date</p>
<p>DocuSigned by:  <small>C069F87040BD40B...</small></p> <p>Director's Signature</p>	<p>11/4/2024</p> <p>_____ Date</p>
<p>^{DS}  <small>83A2D5C0D289438...</small></p> <p>CPO Signature</p>	<p>11/6/2024</p> <p>_____ Date</p>