



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggyback Request Form

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

Date 10/12/2023

Department/Office Public Utilities

Division/Area Underground Utilities

Requestor Jaime Castillo

Title Interim UU Manager

Phone 954-921-2998

Email jcastillo@holltywoodfl.org

1. Requested Vendor Tripp Electric Motors, Inc.

Vendor Number 36719

Address 1233 NW Avenue L Belle Glade, FL 33430

Contact Person Jimmy Tripp

Title President

Phone 561-996-3333

Email jimmy@trippmotors.com

2. Contract title and number requesting to piggyback? Solid Waste Authority of Palm Beach County, Florida Maintenance and Repair Services for Industrial Electric Motors and Pumps (Certified SBE Only) Solicitation No. BID 23-011/MB.

Awarding Agency Solid Waste Authority of Palm Beach County, Florida.

Contract Expiration Date Abril 18,2025

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

Yes No

3. Product/Service being requested (be specific). Provide maintenance and repair services for industrial electric motors and pumps for 85 wastewater pump stations and 10 stormwater pump stations, water plant and wastewater plant.

4. Detailed description of the product/service's function and purpose. Proper maintenance and operation of electric motors and pumps for sewer lift stations, stormwater pump stations, water plant and wastewater plant is necessary to maintain pumping of water and wastewater within the water and wastewater plants, pump stromwater into the ocean, prevent sewer spills and stormwater flooding 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 has used Tripp Electric Motors, Inc. for the past several years. We are completely satisfied with their performance in the maintenance and repair of electric motors and pumps 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. \$300,000.00

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

Account Number(s) 443.410101.53800.546310.000000.000.000.
Stormwater and 442.400603.53600.552240.000000.000.000 Lift Stations

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.

DS
R.S.
94269EF1-BC6A-4A43-AC46-7DF43205DE95
Requestor's Signature

10/19/2023

Date

DocuSigned by:

Vincent Morello
6485CE2A8EB545E...
Director's Signature

10/23/2023

Date