



**CITY OF HOLLYWOOD, FLORIDA**  
**OFFICE OF PROCUREMENT SERVICES**

**DATE:** May 7, 2020 **FILE:** PR-20-168  
**TO:** Vivek Galav, Director, Public Utilities  
**FROM:** Robert Lowery, Procurement Contracts Officer, Procurement Services  
**SUBJECT:** Blanket Purchase Order Contract Renewal for Sodium Hypochlorite – B003074 – Allied Universal Corporation

**ISSUE:**

The current period of the above contract expires October 2, 2020. The contract is renewable for a one (1) 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 as soon as possible by returning this memo appropriately filled out, signed and dated along with the attached Contract Renewal Evaluation Form.

Date: 5/7/2020 To: Robert Lowery, Procurement Services

The Director recommends the following:

RENEW the contract under the same terms and conditions. The Budget Account Number to be charged is 442.400501.53600.552330.000000.000.000.

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).

Estimated annual usage/expenditure is ~~\$350,000.00~~ \$250,000.00.

By: Vivek Galav

Title: DIRECTOR, PUBLIC UTILITIES

*Handwritten notes:*  
5/17/2020  
5/7/2020  
CA 5/12/20

*Handwritten signature and date:*  
5/17/2020  
vg.



**CITY OF HOLLYWOOD, FLORIDA**  
**PROCUREMENT SERVICES DIVISION**

**Department/Office**  
**Contract Renewal Evaluation**

<b>Date:</b> 5/7/2020	
<b>Department/Office:</b> Public Utilities	<b>Division/Area:</b> 4011 Water Treatment Plant
<b>Contact Person:</b> Luis Montoya	<b>Title:</b> Plant Superintendent
<b>Contact phone number:</b> 954-967-4230	<b>Contact Email:</b> lmontoya@hollywoodfl.org
<b>Purchase Order/Blanket Purchase Order #:</b> B003074	
<b>Contract Expiration Date:</b>	
<b>Vendor:</b> Allied Universal Corporation	<b>Contact Person:</b> Cristhianne Munguia
<b>Contact phone number:</b> 305-888-2623	<b>Contact Email:</b> CristyM@allieduniversal.com
<b>Good/Service:</b> Sodium Hypochlorite	<b>Solicitation #:</b> City of Fort Lauderdale Bid # 12006-372

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?

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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?

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**Department/Office**  
**Contract Renewal Evaluation**

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

Yes  No

If no, please explain?

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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?

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

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Department/Office Director's Name: \_\_\_\_\_

VINOD GALAV

Department/Office Director's Signature: \_\_\_\_\_

Vinod Galav

5/17/2020  
5/19/20

5/17/2020