



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

(Use for purchase(s) over \$25,000, when piggybacking off other contracts)

Date 10/26/2016

Department/Office 4000

Division/Area 4012

Contract Administrator Robert Walker

Title Public Utilities Manager

Phone 954 921-3046

Email rawalker@hollywoodfl.org

2016 OCT 27 PM 4:49
CITY OF HOLLYWOOD
PROCUREMENT SERVICES
DIVISION

1. Requested Vendor Craig A Smith & Associates

Vendor Number 26688

Address 7777 Glades Road, Suite 410, Boca Raton, FL 33434

Contact Person Jim Driscoll

Title Operations Manager

Phone 561 791-9280

Email jdriscoll@craigasmith.com

2. Contract title requesting to piggyback? Cooper City Bid #2015-5-UTL -Locate/Mark Underground Utilities

Awarding Agency City of Cooper City

Contract Expiration Date 04/18/2018

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Locate/Mark Underground Utilities for the City of Hollywood when a ticket is generated By Sunshine State One Call of Florida.

4. Detailed description of the products/services function and purpose. To mark and locate Underground Utilities for the City of Hollywood's water, sewer, and storm water's systems after requests are submitted to Sunshine State One Call of Florida.

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. Contacted Craig A Smith and requested a competitive contract to replace an expiring piggyback with the Town of Pembroke Park.

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 Reviewed the current contract City of Hollywood has with Craig A Smith against the pricing of the contract with Cooper City.

7. Total cost of the requested product/service. \$240,000.00 per year

8. Total estimated annual (fiscal year) cost of requested product/service. \$240,000.00

Account Number(s) 42.4012.00772.536.003117, 42.4012.00773.536.003117, 43.4031.00000.538.003117, 42.4000.76671.536.006301, 42.4000.85889, 536.006302

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.) _____

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.) _____

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? _____

What is the grant (dollar) amount? _____

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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.

Date of Advanced Search 09/28/2016

Company Name(s) Searched	Search Results
<u>Craig A Smith & Associates</u>	_____
<u>USIC Locating Services</u>	_____
_____	_____
_____	_____

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 you knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.

_____	<u>10/26/16</u>
Contact Person's Signature	Date
_____	<u>10/26/16</u>
Supervisor's Signature	Date
_____	<u>10/26/16</u>
Director's Signature	Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:	<u>[Signature]</u>	Date	<u>10/31/16</u>
Approved By:	<u>[Signature]</u>	Date	<u>10/31/2016</u>

Procurement Service Division use only

Requisition # R
(As Applicable)

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