



CITY OF HOLLYWOOD, FLORIDA

OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE

Piggyback Request Form

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

Date 4/24/2024

Department/Office Public Utilities

Division/Area Water Quality Services

Requestor Glen Superville

Title Water Quality Manager

Phone 954-921-3414

Email gsuperville@hollywoodfl.org

1. Requested Vendor Pace Analytical Services, LLC

Vendor Number 32908

Address 1800 Elm Street SE, Minneapolis, MN 55414-2500

Contact Person Mike Valder

Title Sr. Account Executive

Phone 813-340-8100

Email mike.valder@pacelabs.com

2. Contract title and number requesting to piggyback? Laboratory Services 23-8149

Awarding Agency Collier County

Contract Expiration Date March 23, 2027

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Laboratory Testing, Analysis and Field Sampling Services.

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

5. Please explain what process the Department/Office took to verify and/or identify this contract. The lab manager and supervisor completed a review of similar city and county contracts with Pace which require the same type of services used by the COH Lab to find the best fit for the continuity of services.

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 Volusia County contract was reviewed, but it did not meet the Department requirements.

7. Total cost of the requested product/service. \$220,000

8. Total estimated annual (fiscal year) cost of requested product/service. \$220,000

| | | | |
|---|-----------|---|--------------|
| Account | Number(s) | <u>442.400102.53600.531170.000000.000.000</u> | <u>&</u> |
| <u>442.400103.53600.531170.000000.000.000</u> | | | |

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

If yes, please attach a copy of the warranty details.

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.

DocuSigned by:
Ann Superville
C0B5BFP2580B84AD
Requestor's Signature

5/14/2024
Date

DocuSigned by:
Phyllis Shaw for Vin Morella
E886AD64F1544F9
Director's Signature

5/14/2024
Date