



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 11/14/24

Department/Office Public Utilities

Division/Area ICE

Requestor Kelvy Angeles

Title ICE Manager

Phone 954-921-3288

Email kangeles@hollywoodfl.org

1. Requested Vendor Tac Armature & Pumps Corp

Vendor Number 17743

Address 800 NW 73rd St., Miami FL 33150

Contact Person Jorge Martinez

Title President

Phone 305-835-835-8848

Email jorgetac@aol.com

2. Contract title and number requesting to piggyback? Bid OPN2128418B1 Pump Repair Services

Awarding Agency Broward County

Contract Expiration Date 9/15/2025 with (4) four additional one-year renewal options.

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

Yes No

3. Product/Service being requested (be specific). Provide the repair services of electric motors and pumps.

4. Detailed description of the product/service's function and purpose. Repair services of electric motors and pumps. Proper maintenance and operation of Utility Department motors and pumps is necessary for the satisfactory operation of equipment processes and to protect the Public Health and Safety.

5. Please explain what process the Department/Office took to verify and/or identify this contract. City of Hollywood staff has identified an existing property bid contract between Tac Armature the vendor and Broward County.

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 Tac Armature & Pumps Corp., provided the lowest bid for services to Broward County. Pump Repair Services Bid OPN2128418B1.

7. Total cost of the requested product/service. \$500,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$500,000.00

Account Number(s) 442.400604.53600.546310.000000.000.000,
442.40503.53600.546310.000000.000.000, 442.400502.53600.546310.000000.000.000,
442.400502.53600.552240.000000.000.000 and 442.400201.53600.552250.000000.000.000.

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


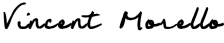
If yes, please attach a copy of the warranty details.

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.


Requestor's Signature
DocuSigned by:

Director's Signature

11/14/2024
Date
11/19/2024
Date