



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT OFFICE

Piggyback Request Form

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

Date 12/21/22

Department/Office Public Utilities

Division/Area PUD

Requestor Jaime Castillo

Title Interim UU Manager

Phone 954-921-2998

Email jcastillo@hollywoodfl.org

1. Requested Vendor PSI Technologies, Inc.

Vendor Number 102497

Address 3520 Investment Lane #3 Riviera Beach FL 33404

Contact Person Robert Blakely

Title Vice-President

Phone 305-998-1371

Email rblakely@bbapumps.com

2. Contract title and number requesting to piggyback? Florida Sheriffs Association 2022-2023 contract for Vehicles and Equipment Contract Number FSA 20-EQU18.0 Heavy Equipment Spec#169 4x4 Loader Backhoe.

Awarding Agency Florida Sheriffs Association.

Contract Expiration Date September 30, 2023

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

Yes No

3. Product/Service being requested (be specific. Five (5) each BA150KS D285 -6" BBA Bypass Pump open frame. skid mounted, diesel driven Hatz 3H50TICD., with DOT approved trailer, one (1) each BA108KS D315 8" BBA Bypass Pump open frame skid mounted diesel driven Hatz 4H50TC, sound attenuated with DOT approved trailer.

4. Detailed description of the product/service's function and purpose. Three (3) each 6" pumps and trailers and one (1) each 8" pump and trailer for the removal the stormwater and prevent flooding in City Hollywood neighborhood. And two (2) each 6" pump for pumping sewerred.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Search website for pumps and found the Florida Sheriffs Association contract and we contacted the awarded vendor

BBA Pumps and received a quote for five (5) 6" pumps and one (1) 8" pump.

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 We have used the Florida Sheriffs Association in the past and we have the competitive pricing superior to individual bids.

7. Total cost of the requested product/service. \$347,572.55

8. Total estimated annual (fiscal year) cost of requested product/service. \$347,572.55

Account Number(s) Funding to be determined and provided in attached Exhibit A.

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

If yes, please attach a copy of the warranty details. Details are in attached quote.

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 of your knowledge.

DS
Coy

DocuSigned by:

Jaime Castilla

1/18/2023

6BEAFE048B424DA...
Requestor's Signature

Date

DocuSigned by:

Vincent Morello

1/19/2023

6385CE2A8EB545E...
Director's Signature

Date