



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggyback Request Form

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

Date 9/6/22

Department/Office Public Utilities

Division/Area Underground Utilities

Requestor Coy Mathis

Title Underground Manager

Phone 954-921-3046

Email cmathis@hollywoodfl.org

1. Requested Vendor Trio Development Corporation

Vendor Number 103453

Address 1701 NW 22 Court Pompano Beach, FL 33069

Contact Person Lawrence Shortz

Title President

Phone 954-971-2288

Email larry@triodevelopment.com

2. Contract title and number requesting to piggyback? Broward County Sewer Lift Station Rehabilitation and Repair Contract #PNC2122386B1.

Awarding Agency Broward County, FL

Contract Expiration Date June 1, 2024.

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

Yes No

3. Product/Service being requested (be specific). Provide sewer lift station rehabilitation and and repair services and appurtenances for Public Utilities wastewater lift stations. Work to be performed shall include all labor, materials, equipment, tools and incidentals to perform all tasks associated with the rehabilitation and/or repair of a sewer lift station. Services include but not limited to, by-pass pumping, wet well repair and restoration, replacement of top slabs, hatches, pumps, pipes, valves, control panels, electrical services, connection panels, underground vaults, excavating and backfilling and disposing of surplus material and restoration.

4. Detailed description of the product/service's function and purpose. Proper maintenance and operation of lift stations is necessary transmit wastewater flow to the treatment plant, prevent sewer spills and to protect Public Health and Safety.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Contacted Broward County about Trio Development Corporation services provided and Broward County's satisfaction with Trio's performance in meeting Broward County's goals and expectation. The response was positive.

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 _____

7. Total cost of the requested product/service. \$1,000,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$1,000,000.00

Account Number(s) To be determined in the FY 23 Budget. _____

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

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

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.

Cory Mathis
Requestor's Signature

9/27/22
Date

DocuSigned by:
Kathy Moran
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Director's Signature

9/27/2022
Date