

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 <u>5/13/2023</u>		
Department/Office Public Utilities Water Treatment Plant	Division/Area 4011	
Requestor <u>Luis Montoya</u>	Title Public Utilities Manager Water Treatment Plant	
Phone <u>954.967.4230 Ext. 5405</u>	Email Imontoya@hollywoodfl.org	
1. Requested Vendor <u>Univar Solutions USA, Inc.</u>	Vendor Number	
Address 8201 South 212 St. Kent, WA 98032		
Contact Person Stacy Ziegler	Title Municipal Specialist	
Phone <u>813.677.8416</u>	Email stacy.ziegler@UnivarSolutions.com	
2. Contract title and number requesting to piggyback? SFGP Co-op Bid # 2023-006		
Awarding Agency City of Margate		
Contract Expiration Date 4/18/28		
Copy of Contract and Awarding Agency documentation	on is attached (provide if available). ⊠ Yes □ No	
3. Product/Service being requested (be specific). Supply and	Delivery of Sodium Hydroxide 50%	
4. Detailed description of the product/service's function and purpose. Sodium Hydroxide 50% is used for pH		

control in the potable drinking water treatment process for the City of Hollywood. Full Truckload Only deliveries

for the quantity at the Water Treatment Plant.

	nent/Office took to verify and/or identify this contract. <u>City of</u> Sovernmental Purchasing Co-op. City of Margate as the lead age s USA, Inc.	<u>1СУ</u>
6. Were alternative contracts evaluated to d pricing for the required product/service?	etermine that the City is obtaining the most advantageous contra	ct
	⊠ Yes □ No	
Please explain SFGP Coop Bid #20	<u> 23-006</u>	
7. Total cost of the requested product/service	ce. <u>\$450,000.00</u>	
8. Total estimated annual (fiscal year) cost	of requested product/service. \$450,000.00	
Account Number(s) 442.400501.53	600.552330.000000.000	
9. Is this product/service covered by a warranty? ☐ Yes ☒ No		
If yes, please attach a copy of the v	varranty details.	
10. Will grant funds be used to pay for the r	equested product/service? Yes No	
If yes, please explain		
REQUESTING DE	PARTMENT RECOMMENDATION	
portions (scope, terms, conditions, pric	you are verifying and acknowledging that you have reviewering, etc.) of the requested contract(s) and recommend its/tectives city's procurement requirements and all applicable laws e.	hei
Luis Montoya	5/16/2023	
Requestor's Signature Docusigned by:	Date	
Vincent Morello	5/16/2023	
Director's Signature	Date	



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

Division/Area <u>4011</u>
Title Operation Superintendent
Email Jblanco@hollywoodfl.org
Vendor Number
Title _ Municipal Specialist
Email stacy.ziegler@UnivarSolutions.com
Co-op Bid # 2023-006
ion is attached (provide if available). ⊠ Yes □ No
nd Delivery of Sodium Hydroxide 50%
purpose. Provide Sodium Hydroxide for use in odor and remove Hydrogen Sulfite (H2S) within the

release into the air. Also , sodium hydroxie is used to neutralize and remove chlorine gas that may be release to

the air during a chlorine gas leak. Excessive H2S gas in our air will be a violation of FDEP regulatory

5. Please explain what process the Department/Office took to verify and/or identify this contract. <u>City of Hollywood takes part in Southeast Florida Governmental Purchasing Co-op. City of Margate as the lead agency awarded Bid # 2023-006 to Univar Solutions USA, Inc.</u>		
6. Were alternative contracts evaluated to determine pricing for the required product/service?	e that the City is obtaining the most advantageous contract ☑ Yes ☐ No	
Please explain _ SFGP Coop Bid #2023-00	6	
7. Total cost of the requested product/service. <u>.\$220</u>	0,000.00	
8. Total estimated annual (fiscal year) cost of requested product/service. \$220,000.00		
Account Number(s) 442.400601.53600.552330.000000.000.000		
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 DEPARTM	ENT RECOMMENDATION	
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.		
Morrie	5/16/2025	
Requestor's Signature	. Dåte	
Vincent Morello 6385CE2A8EB545E	5/16/2023	
Director's Signature	Date	