



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggybacking Request Form

(Use for purchase(s) over \$25,000, when piggybacking off other contracts)

Date June 16, 2020

Department/Office Public Utilities

Division/Area 400401

Contract Administrator Feng Jiang, P.E.

Title Senior Project Manager

Phone 954-921-3930

Email fjiang@hollywoodfl.org

---

1. Requested Vendor Intercounty Engineering, Inc.

Vendor Number 15003

Address 1925 NW 18<sup>th</sup> Street

Contact Person Maurice Hynes

Title President

Phone 954-972-9800

Email  
mhynes@intercountyengineering.com

2. Contract title requesting to piggyback? Bid No. 2018-049 Lift Station Rehabilitation & Repairs

Awarding Agency City of Boca Raton

Contract Expiration Date 09/23/2021

Copy of Contract and Awarding Agency documentation is attached.

Yes  No

3. Product/Service being requested (be specific). Lift Station Rehabilitation & Repair

4. Detailed description of the products/services function and purpose. Provide Rehabilitation and repair services for sewer lift stations per unit price and as needed.

*Procurement Service Division use only*

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

5. Please explain what process the Department/Office took to verify and/or identify this contract. The City Staff reviewed and verified the contract between the vendor and City of Boca Raton. It was determined that the City need similar services for the sewer lift stations at these reasonable unit prices.

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. \$500,000.00/year

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

Account Number(s) 442.409901.53600.552240.000701.000.000 \_\_\_\_\_

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

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

10. Would this purchase(s) result in the potential of future purchases for related products/services being restricted to a particular vendor or create a specific vendor as sole source provider for related items?

Yes  No

If yes, please describe the related products/services and estimated cost(s.) \_\_\_\_\_

11. Would this purchase(s) result in any future maintenance costs which are not included in the initial purchase?

Yes  No

If yes, please attach a draft maintenance plan which includes cost estimates and funding source(s.) \_\_\_\_\_

12. Is this a grant related purchase?  Yes  No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) \_\_\_\_\_

Will this require matching funds?  Yes  No

What is the grant source? \_\_\_\_\_

What is the grant (dollar) amount? \_\_\_\_\_

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search October 28, 2019

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Oder # BPO \_\_\_\_\_  
(As Applicable)

Company Name(s) Searched  
Intercounty Engineering, Inc.

Search Results  
DUNS: 878962638; CAGE Code: 08MH1; Status:  
Inactive; Expiration Date: 07/14/2016

Boca Raton, City of

DUNS: 072242811; CAGE Code: 49W13;  
Status: Active; Expiration Date: 03/18/2020

\_\_\_\_\_  
\_\_\_\_\_

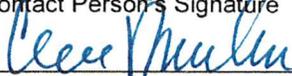
\_\_\_\_\_  
\_\_\_\_\_

**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 and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.**

  
\_\_\_\_\_  
Contact Person's Signature

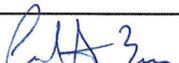
6/18/2020  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature

6/22/2020  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Director's Signature

6/22/2020  
\_\_\_\_\_  
Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:		Date	
Approved By:		Date	<u>8/24/2020</u>

Procurement Service Division use only

Requisition # R  
(As Applicable)

Purchase Order # P  
(As Applicable)

Blanket Purchase Order # BPO  
(As Applicable)