



## 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 10/17/2023

Department/Office Public Utilities

Division/Area WWTP

Requestor Joel Blanco

Title Public Utilities Wastewater Plant  
Superintendent

Phone 954-921-3288

Email jblanco@hollywoodfl.org

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1. Requested Vendor Carmeuse Lime & Stone Inc.

Vendor Number 29264

Address 11 Stanwix Street, 21<sup>st</sup> Floor, Pittsburgh, PA. 15222

Contact Person Matthew Cherpak

Title Inside Sales Representative

Phone 412-228-2631

Email salesinquiries@carmeuse.com

2. Contract title and number requesting to piggyback? Supply and Delivery of Hi-Calcium Granular Quicklime

Awarding Agency Co-op City of Tamarac

Contract Expiration Date 10/31/26

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

Yes  No

3. Product/Service being requested (be specific). Supply and Delivery of High Calcium Granular Quicklime

4. Detailed description of the product/service's function and purpose. Public Utilities SRWWTP requires the use of high calcium granular quicklime for mixing with wastewater sludge in the Bioset lime softening process.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Carmeuse Lime & Stone Inc., was awarded a contract by the City of Tamarac Co-op Bid 23-36B to furnish and deliver quicklime to the City of Tamarac and as an additional to the City of Hollywood.

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 N/A

7. Total cost of the requested product/service. \$8,310,736.50

8. Total estimated annual (fiscal year) cost of requested product/service. \$2,636,250.00

Account Number(s) 442.400601.53600.552330.000000.000.000

Chemical Supplies

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 N/A

**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.**

DS  
P.S.

[Signature]  
Requestor's Signature

10/17/2023  
Date

DocuSigned by:  
Vincent Morello

10/17/2023  
Date

6385CE2A8EB545E  
Director's Signature