

CITY OF HOLLYWOOD, FLORIDA HOLLYWOOD REMENT SERVICES

PROCUREMENT SERVICES DIVISION

2018 MAY 31 PM 2: 40

Piggybacking Request Form (Use for purchase(s) over \$10,000, when piggybacking off other contracts)

Date <u>5/23/18</u>		
Department/Office Pub	olic Utilities	Division/Area <u>WWTP</u>
Contact Person Coy Mathis Title		Title <u>Public Utilities Manager</u>
Phone <u>954-921-3288</u>		Email coymathis@hollywoodfl.org
Requested Vendor	Polydyne, Inc.	Vendor Number 11838
Address 1 Chemica	l Plant Poad, Riceboro, GA 31	<u>323</u>
Contact Person Boyd Stanley		Title Vice President
Phone <u>800848-7659</u>	9	Email Polybiddpt@snfhc.com
2. Contract title reques	ting to piggyback? Bid No COI	N-UT18-31/MC
	ncy City of Cape Coral	<u> </u>
	ation Date <u>4/8/19</u>	
	act and Awarding Agency docu	
3. Product/Service beir	ig requested (be specific). <u>Pur</u>	
4. Detailed description the belt filter process for	of the products/services function biosolids disposal	on and purpose. <u>Needed for the coagulation of biosoilds in</u>
	Procurement Service	Division use only
Requisition # R BPO	Purchase Order # P	Blanket Purchase Oder #
(As Applicable)	(As Applicable)	(As Applicable)

5. Please explain what process the Department/Office took to verify an # CON- UT18-31/MC for the City of Cape Coral, Florida	d/or identify this contract. Solicitation bid
6. Were alternative contracts evaluated to determine that the City is ob pricing for the required product/service? Please explain None found.	taining the most advantageous contract ☐ Yes ☒ No
7. Total cost of the requested product/service. \$235,000.00.	
8. Total estimated annual (fiscal year) cost of requested product/service	e.\$235,000.00.
Account Number(s) <u>42.4041.00000.536.005233</u>	Chemical Supplies
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 restricted to a particular vendor or create a specific vendor as sole sou	or related products/services being rce provider for related items?
☐ Yes ⊠ No	
If yes, please describe the related products/services and estim	ated cost(s.)
11. Would this purchase(s) result in any future maintenance costs which	ch are not included in the initial purchase?
☐ Yes ⊠ No	
If yes, please attach a draft maintenance plan which includes c	cost estimates and funding source(s.)
12. Is this a grant related purchase? ☐ Yes ☒ No	
If yes, please provide details (timeline, expiration dates, milesto etc.)	ones, special procurement requirements,
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 Excluded Parties List System at www.epls.gov .	for award on the Federal Government's
Date of Advanced Search	
Company Name(s) Searched Search Results	
Procurement Service Division use only	
Requisition # R Purchase Order # P	Blanket Purchase Oder#
(As Applicable) (As Applicable)	(As Applicable)

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 you knowledge the contract does not violate any applicable policy, statue, governing
rule or regulation

Contact Person's Signature

Supervisor's Signature

Director's Signature

Date

05/24/18

Date

Date

APPROVAL (Procurement Service Division Use Only)					
Verified By:	42	Date	6/5/18		
Approved Bv:	0112	Date	11-1-01		
Dy.	Valor Jan		(/5/2019		

<u>Procurement</u>	Service	Division	use	only

Requisition # R_____BPO____

(As Applicable)

Purchase Order # P_____

Blanket Purchase Oder#

(As Applicable)

(As Applicable)