

CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Solicitation Request Form (Use for bids, RFPs, RLIs, RFQs)

Date <u>4-7-14</u>					
Department/Office Building	Division/Area <u>1416</u>				
Contact Person Reginald Cox	Title Building Official				
Phone <u>954-921-3025</u>	Email rcox@hollywoodfl.org				
Product/Service being requested (be specific.) <u>Demolitic</u>	on of 2 story commercial office building.				
2. Detailed description of the products/services function and purpose. <u>Demolition Services</u>					
Are there alternative products/services capable of performing the required function? n/a					
3. Has this product/service previously been formally solicited by the City of Hollywood?					
Yes □ No □ Unsure					
If yes, please provide previous solicitation number	. <u>F-4407-14-IS</u>				
4. Has this product/service previously been formally solicit	ed by another government agency?				
☐ Yes ☒ No ☐ Unsure					
If yes, please provide details and copy if available					
5. Total estimated cost of the requested product/service? \$100,000.00					
Has this cost been approved in your budget? ☐ Yes ☒ No					
If yes, provide Account Number (s.)					
Procurement Service Division	on use only				
Requisition # R Purchase Order # P BPO	Blanket Purchase Oder#				
(As Applicable) (As Applicable)	(As Applicable)				
(Revised 9/2013)					

days. How long is the Department/Office requesting to advertise this solicitation? 10 Days
7. Is a pre-bid meeting required? ⊠ Yes ☐ No
If yes, are you requesting it to be mandatory? \square Yes \boxtimes No
8. Project location? 1203 N Federal Highway, Hollywood Florida
9. Completion Time: Final completion of this project shall be in <u>60</u> calendar days once a Notice To Proceed (NTP) is given to the awarded vendor.
10. Are you requesting this formal solicitation require liquidated damages (liquidated damages are not penalties, they should represent the amount of monies the City will incur/lose if the project is not completed in require time?)
☐ Yes ⊠ No
11. Please list any special licenses or certification require to bid. General Contractor, Class D Demolition
12. Are there any outside entities assisting with this solicitation (i.e. Architect, Consultant, etc?) ☐ Yes ☒ No
If yes, please provide the information:
Entity Contact Person
Phone Email
13. Are there attachments associated with this request? ⊠ Yes ☐ No
14. 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.)
15. 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.)
16. Is this a grant related purchase? ☐ Yes ☒ No
If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.)
Procurement Service Division use only
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Will this require matc	hing funds? ∐ Yes ⊠ N	0	
What is the grant sou	rce?		
What is the grant (do	lar) amount?		
17. Does this solicitation for p impact any other Department		onjunction with any	other Department/Office or will it
If yes, please provide City Manager Office - Priority			nmunity Development-Public Outreact Maintenance of City Property
Signature(s) below of this Request Form.	other Department/Office	e Director(s) indicat	es they have reviewed and agree to
Signature		Department/Off	ice
Signature		Department/Off	ice
18. Please provide the names (NOTE: Committee	s of suggested evaluation members should not be		ber:
19. Please provide any specific Chin Diesel, Inc., Paragon Condition			n of these solicitations. <mark>Hammond Demolition.</mark> Thunder
To be completed by Procurer	nent Services Division up	oon award recomm	endation
Advanced search of the vend Management at www.sam.go		ard on the Federal	Government's Systems for Award
Date of Advanced Se	arch		
Company Name(s) S	earched	Search Results	
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(As Applicable)	(As Applicable)		(As Applicable)
(Revised 9/2013)			

Contact Person's Signature	Date
Supervisor's Signature	Date 4.7.
Director's Signature	Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:	u >	Date	4/12/15
Approved By:	Josep 2	Date	# -12-15

Procurement Service Division use only

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(Revised 9/2013)