



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 August 14, 2024

Department/Office Public Utilities

Division/Area WWTP/WTP/Asset Management

Requestor Ameer Khan

Title Asset Manager

Phone 754-295-7526

Email akhan@hollywoodfl.org

1. Requested Vendor Black & Veatch Corporation

Vendor Number 34176

Address 3111 North University Drive, Ste. 700, CORAL SPRINGS, FL 33065

Contact Person Chris Barlow

Title Project Manager

Phone 754-229-3130

Email BarlowC@bv.com

2. Contract title and number requesting to piggyback? ASSET MANAGEMENT SYSTEM RFP #36-22

Awarding Agency City of Clearwater

Contract Expiration Date October 31, 2026

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

Yes No

3. Product/Service being requested (be specific). Software Implementation

4. Detailed description of the product/service's function and purpose. Complete the necessary software integration of City Works, Plant Works, and Oracle, a critical continuation of the BV 22-01 Cityworks Phase II Implementation project

5. Please explain what process the Department/Office took to verify and/or identify this contract. The Department of Public Utilities conducted a thorough review of BV 22-01 to identify contracts that exhibited the

implementation of Cityworks and Plantworks. Key search terms included Plantworks, Cityworks, integration, and Asset Management.

6. Were alternative contracts evaluated to determine that the City obtains the most advantageous contract pricing for the required product/service?

Yes No

Please explain The city is getting special pricing and specific. The City is utilizing the negotiated rates from 2021, as outlined in the previous agreement B&V 22-01 with Black and Veatch. These rates will facilitate the completion of critical integrations necessary for Rocksolid and stockroom integrations.

7. Total cost of the requested product/service. \$204,975.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$204,975.00

Account Number(s) 442.409901.53600.531300.001060.000.000_____

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 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.

DocuSigned by:

Ameer Khan

8/14/2024

Requestor's Signature

Date

DocuSigned by:

Vincent Morella

8/15/2024

Director's Signature

Date