



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT OFFICE

### Piggyback Request Form

(Use for purchase(s) over \$5,000, when piggybacking off other contracts)

Date April 3, 2023

Department/Office DCM

Division/Area \_\_\_\_\_

Requestor Dana Nelson

Title ESS Manager, Construction

Phone 954-669-5441

Email dnelson@hollywoodfl.org

1. Requested Vendor PSI

Vendor Number: 103784

Address 792 NE 45<sup>th</sup> St  
Oakland Park, FL, 33334

Contact Person Poul Folkersen

Title Director of Sales

Phone 954-299-2750

Email pfolkersen@psi-roofing.com

2. Contract title and number requesting to piggyback? **211001**

Awarding Agency Region 8 Education Service Center TIPS

Contract Expiration Date 1/27/2024

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

Yes  No

3. Product/Service being requested (be specific). Roof replacement

4. Detailed description of the product/service's function and purpose. Remove and replace the roof at FS 105 including identified damaged underlayment as required at faulty and damaged areas. Scope also include the removal and disposal of the existing solar array which is not being used.

5. Please explain what process the Department/Office took to verify and/or identify this contract. TIPS confirms and issues a compliance letter

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 The use of TIPS was most beneficial to procure PSI Roofing for this scope of work

7. Total cost of the requested product/service. \$287,600

8. Total estimated annual (fiscal year) cost of requested product/service. \$287,600

Account Number(s): 334.219901.51900.564530.001662.000.000  
117.215101.51900.546360.001660.000.000

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



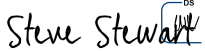
If yes, please attach a copy of the warranty details.

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.**

<p><small>DocuSigned by:</small>    <hr/> <small>2043226C01E5A4CD</small>  Requestor's Signature</p>	<p>5/3/2023  <hr/> Date</p>
<p><small>DocuSigned by:</small>    <hr/> <small>C089F87040BD40B...</small>  Director's Signature</p>	<p>5/3/2023  <hr/> Date</p>
<p><small>DocuSigned by:</small>    <hr/> <small>976DD9ED7FB74C8...</small>  CPO Signature</p>	<p>5/4/2023  <hr/> Date</p>