



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 3/22/17

Department/Office Public Utilities

Division/Area WWTP

Contact Person Coy Mathis

Title Public Utilities Manager

Phone 954-921-3288

Email cmathis@hollywoodfl.org

1. Requested Vendor Allied Universal Corporation

Vendor Number 2608

Address 3901 NW 115th Avenue Miami FL 33178.

Contact Person Christianne Munguia

Title Technical Sales Rep.

Phone 305-888-2623

Email _____

2. Contract title requesting to piggyback? Sodium Hydroxide Less than a full truckload.

Awarding Agency City of Margate Bid 2017-008.

Contract Expiration Date 4/16/18

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Sodium Hydroxide less than a full truck load.

4. Detailed description of the products/services function and purpose. Provide Sodium Hydroxide for use in odor scrubbers and chlorine scrubber. Sodium Hydroxide neutralizes and removes hydrogen sulfide (H2S) within the odor scrubbers to prevent H2S release to the air. Failing to remove the H2S gas will cause strong foul odors to be released into the air. Also, Sodium Hydroxide is used to neutralize and remove chlorine gas that may be released to the air during a chlorine gas leak. Excessive H2S gas in our air will be a violation of FDEP regulatory

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)

rules and the release of chlorine gas will endanger Public Health and Safety and caused damage to our environment.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Procurement Services Department indentified this contract.

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 Procurement Services Department evaluated this contract.

7. Total cost of the requested product/service. \$75,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$75,000.00

Account Number(s) 42.4041.00000.536.005233

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 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.) _____

11. 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.)

12. Is this a grant related purchase? Yes No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) _____

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 for award on the Federal Government's Excluded Parties List System at www.epls.gov.

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Requisition # R _____
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(As Applicable)

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(As Applicable)

Blanket Purchase Oder # _____
(As Applicable)

Date of Advanced Search _____

Company Name(s) Searched

Search Results

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 your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.

Cory Martinez

Contact Person's Signature

3/22/17

Date

[Signature]

Supervisor's Signature

3/27/17

Date

for S. JOSEPH [Signature]

Director's Signature

3/27/17

Date

APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R _____
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(As Applicable)

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(As Applicable)