



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

(Use for purchase(s) over \$25,000, when piggybacking off other contracts)

Date 04/25/2018

Department/Office Development Services

Division/Area Building

Contract Administrator: Theresa Sisto

Title Permit Services Coordinator

Phone: 954 -921-3993

Email: Tsisto@hollywoodfl.org

2018 APR 26 PM 4: 36
CITY OF HOLLYWOOD
PROCUREMENT SERVICES
DIVISION

1. Requested Vendor Calvin Giordano & Associates, Inc. Vendor Number 5623

Address 1800 Eller Dr. Suite 600 Fort Lauderdale, FL 33316

Contact Person Norman Bruhn

Title Director of Building Services

Phone 954-921-7781

Email NBruhn@cgasolutions.com

2. Requested Vendor: C.A.P. Government, Inc. Vendor Number 34084

Address 8350 NW 52nd Terrace, Ste #107 Doral, FL 33166

Contact Person Carlos Penin

Title Government Services

Phone 305-448-1711

Email capenin@capfla.com

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

3. Requested Vendor: Bureau Veritas

Vendor Number N/A

Address 1601 Sawgrass Corporate Pkwy Suite 400 Sunrise, FL 33323

Contact Person Michelle Smith

Title Director of Building Services

Phone 954-236-8100

Email michelle.smith@usa.bureauveritas.com

4. Contract title requesting to piggyback? Inspection and Plan Review Services

Awarding Agency City of Fort Lauderdale

Contract Expiration Date May 15, 2019

Copy of Contract and Awarding Agency documentation is attached.

Yes No

5. Product/Service being requested (be specific). Licensed, experience & knowledgeable individuals who have the capacity to enforce the Florida Building Code and City and State regulation, promoting safe building standards and practices.

6. Detailed description of the products/services function and purpose. State licensed and certified by the Broward County Board of Rules and Appeals.

7. Please explain what process the Department/Office took to verify and/or identify this contract. The Building Division reached out to sister Municipalities to seek out and acquired their contracts for review.

8. 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 City of Fort Lauderdale and City of Pompano Beach.

9. Total cost of the requested product/service. \$ 800,000.00

10. Total estimated annual (fiscal year) cost of requested product/service.

Account Number(s) 01.1416.00172.541.003117 01.1416.00134.541.003130

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

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

12. 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?

Procurement Service Division use only

Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)

Yes No

If yes, please describe the related products/services and estimated cost(s.) _____

13. 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.)

14. Is this a grant related purchase? Yes No

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

Will this require matching funds? Yes No

What is the grant source? N/A

What is the grant (dollar) amount? N/A

15. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at www.sam.gov.

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


Contact Person's Signature

4-25-18
Date

Supervisor's Signature

Date


Director's Signature

4-25-18
Date

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

Contract Documents and Awards

[Use this link to print the list.](#)

_____ Search

By Contract Number By Item By Vendor

The results below are based on the following criteria submitted:
All contracts where **Contract Numbers** equal "575-11849".

EXP DATE	CONTRACT NO.	PS	ITB/RFP/RFQ	CONTRACT	EXT	COMMENTS	LEAD DEPT
5/15/2019	575-11849-1	AD	Inspection & Plan Review Services	C.A.P. Government, Inc.	E/1/0*	5/16/2017, 17-0504, MB#172097	DSD
5/15/2019	575-11849-2	AD	Inspection & Plan Review Services	Calvin Giordano & Associates, Inc.	E/1/0*	5/16/2017, 17-0504, MB#172143	DSD
5/15/2019	575-11849-3	AD	Inspection & Plan Review Services	M.T. Causley, LLC	E/1/0 *	5/16/2017, 17-0504, MB#172142	DSD