



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

(Use for purchase(s) over \$15,000, when piggybacking off other contracts)

Date 02/26/2019

Department/Office Public Utilities

Division/Area 4041

Contact Person Kellyv Angeles

Title ICE Manager

Phone 954 921-3288

Email kangeles@hollywoodfl.org

1. Requested Vendor ASE Telecom & Data Inc.

Vendor Number 23978

Address 8545 NW 29 ST. Doral, FL 33122

Contact Person Arce D. Silveira

Title Project Manager

Phone 305-301-1902

Email arce@asetelecom.com

2. Contract title requesting to piggyback? ASE Telecom & Data, Inc.

Awarding Agency Broward County BLD2114202B1

Contract Expiration Date 01/08/2020

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Necessary upgrades to Department of Public Utilities Fiber Optic Network Infrastructure for all main facilities (WWTP, WTP, and UU).

4. Detailed description of the products/services function and purpose. Install one 48-Strand Multimode Indoor/Outdoor, 50-Micron Armored fiber optic cable from MDF switch network room to each of the building at the Waste water Treatment Plant, including testing and labeling.

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

5. Please explain what process the Department/Office took to verify and/or identify this contract. Broward County Contract BLD2114202B1.

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 ICE Division staff researched and evaluated and existing contract between Quality Wiring, Inc. and the City of Miami; the scope of the contract matches the needs of the Department of Public Utilities, however, the terms of the contract (expiring on 04/21/2018) are not beneficial for the City. Also, we were informed that the contract could potentially be renewed but only for additional six (6) months.

7. Total cost of the requested product/service. \$300,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$150,000.00

Account Number(s) 442.409901.53600.563020.000.704.000.000/
442.409901.53600.552240.000743.000.000 / 442.409901.53600.563010.000736.000.000

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? _____

Procurement Service Division use only

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13. 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.

Selby Angeles
 Contact Person's Signature

2/26/2019
 Date

 Supervisor's Signature

 Date

Loft
 Director's Signature

2/26/19
 Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

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 (As Applicable)

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 (As Applicable)