



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT OFFICE

### Piggyback Request Form

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

Date 1/23/2023

Department/Office Public Utilities

Division/Area Underground Utilities

Requestor Jaime Castillo

Title Interim Underground Manager

Phone 954-921-3046

Email jcastillo@hollywoodfl.org

1. Requested Vendor R&M Service Solution

Vendor Number 103338

Address 7256 Westport Place Ste, A West Palm Beach, FL 33413.

Contact Person Jonathan A. Wise

Title Operations Manager

Phone 352-346-5240

Email jwise@rmservicesolutions.com

2. Contract title and number requesting to piggyback? Fire Hydrant and Valve Maintenance, repair, and flushing services.

Awarding Agency Seminole County

Contract Expiration Date 12/10/2023

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Provide Fire Hydrant Maintenance Testing, Painting, Repair and Replacement of fire hydrants; Maintenance, Testing and Replacement of fire hydrant valves; and Providing Documentation in XLS, Shapefile or Database formats of fire hydrants and valves.

4. Detailed description of the product/service's function and purpose. Proper maintenance and operation of fire hydrants is necessary to fight fires and to protect Public Health and Safety.

5. Please explain what process the Department/Office took to verify and/or identify this contract. We reviewed Broward County services contracts and Seminole County, and we liked the one with Seminole County as it needs our needs better than Broward County's.

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 Prices are lower for R&M Services as compared to Broward County BLD2122592B1 with Madson Barr, Inc

7. Total cost of the requested product/service. 500,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. 500,000.00

Account Number(s) 441.400201.53600.552270.000000.000.000

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.**

  
  
Requestor's Signature

1-23-2023  
Date

DocuSigned by:

  
Director's Signature

1/24/2023

Date