



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 8/15/18

Department/Office 5100

Division/Area 5121

Contract Administrator Charles Lassiter

Title Assistant Public Works Director

Phone 954-967-4320

Email classiter@hollywoodfl.org

1. Requested Vendor Rehrig Pacific Company

Vendor Number 13284

Address 7452 Presidents Drive

Contact Person Matthew Callier

Title Florida Sales Representative

Phone 800-241-6139

Email mcallier@rehrigpacific.com

2. Contract title requesting to piggyback? Waste Carts, Recycling Carts, Cart Parts & Related Products and Services

Awarding Agency Miami-Dade County

Contract Expiration Date 09/30/2021

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Supply and Delivery of Garbage and Recycling Carts

4. Detailed description of the products/services function and purpose. Supply and delivery of garbage and recycling carts compatible with standard truck mounted grabbing system and designed to be icked up and dumped by a semi-automated or fully automated lifting device that picks up the leading side of the cart and inverts it while preventing it from falling into the truck hopper.

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. Review of the U.S. Communities Government Purchasing Cooperative and obtained an award made to Rehrig Pacific from a Request for Proposal by Miami-Dade County

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 Could not locate other cart manufacturing contracts; however, this contract price structure is identical to the City's currently expired contract

7. Total cost of the requested product/service. Purchase as needed

8. Total estimated annual (fiscal year) cost of requested product/service. \$185,500.00

Account Number(s) 45.5121.00000.534.005214 _____

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.) N/A

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.) N/A

12. 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

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 .

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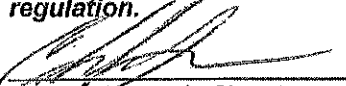
Date of Advanced Search _____

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

8/20/18

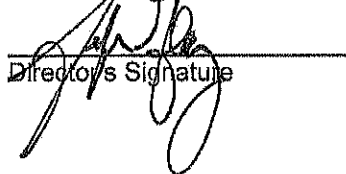
Date



Supervisor's Signature

8/20/18

Date



Director's Signature

8/23/18

Date

APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

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