



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 3/22/2017

Department/Office Public Utilities

Division/Area 4011

Contract Administrator Carlos Aguilera

Title Public Utilities Manager

Phone 954-967-4230

Email caguilera@hollywoodfl.org

1. Requested Vendor Allied Universal Corporation

Vendor Number 2608

Address 3901 NW 15 Avenue, Miami, FL 33178

Contact Person Cristhianne Munguia

Title Accounts

Phone 305-888-2623

Email cathieg@allieduniversal.com

2. Contract title requesting to piggyback? SFGP COOP Bid # 2017-008

Awarding Agency City of Margate

Contract Expiration Date 4/16/18

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Furnish and Deliver Sodium Hydroxide 50% by Weight

4. Detailed description of the products/services function and purpose. Sodium Hydroxide 50% used for PH control in water treatment process to produce drinking water for the City of Hollywood. FULL TRUCK LOAD ONLY for the quantity at the Water Treatment Plant - 3441 Hollywood Blvd Hollywood FL, 33021. New contract price increase of \$0.12 cent per gallon.

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. Co-op

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 Co-op

7. Total cost of the requested product/service. \$127,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$127,000.00

Account Number(s) 42.4011.00000.536.005233 _____

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 Systems for Award Management at www.sam.gov.

Date of Advanced Search _____

Company Name(s) Searched

Search Results

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

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, statue, governing rule or regulation.



 Contact Person's Signature

3/22/17

 Date



 Supervisor's Signature

03/23/17

 Date



 Director's Signature

3/23/17

 Date

| 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 Oder # BPO _____
 (As Applicable)