



CITY OF HOLLYWOOD, FLORIDA

OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE

Piggyback Request Form

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

Date 10/11/2023

Department/Office Public Utilities

Division/Area 4011

Requestor Luis Montoya

Title Public Utilities Manager Water Treatment Plant

Phone 954.967.4230

Email lmontoya@hollywoodfl.org

1. Requested Vendor Lhoist North America of Alabama, LLC.

Vendor Number 33177

Address 1479 Town Center Dr. Ste. 229 Lakeland, FL 33803

Contact Person Mrs. Hart

Title Manager

Phone 887.644.9010

Email elizabeth.hart@lhoist.com

2. Contract title and number requesting to piggyback? Supply and Delivery of Rice Size Quicklime

Awarding Agency Co-op City of Tamarac

Contract Expiration Date 10/31/26

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

Yes No

3. Product/Service being requested (be specific). Supply and Delivery of Rice Size Quicklime

4. Detailed description of the product/service's function and purpose. Supply and Delivery of Quicklime for Ph adjustments in the lime softening process at the City of Hollywood Water Treatment Plant

5. Please explain what process the Department/Office took to verify and/or identify this contract. Lhoist North America of Alabama, LLC., was awarded a contract by the City of Tamarac Co-op bid 23-36B to furnish and deliver quicklime to the City of Tamarac and as an additional option to the City of Hollywood.

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 _____

7. Total cost of the requested product/service. Est. \$1,100,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. Est. \$1,100,000.00

Account Number(s) 442.400501.53600.552330.000000.000.000

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.

DS DocuSigned by:
PSFLM Luis Montoya
Requestor's Signature

10/16/2023
Date

DocuSigned by:
Vincent Morello
Director's Signature

10/17/2023
Date