



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggyback Request Form

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

Date 4/6/2022

Department/Office Parks, Recreation, and Cultural Arts

Division/Area _____

Requestor Karyn Sashi

Title Project Manager

Phone 954-921-3410 ext 6035

Email ksashi@hollywoodfl.org

1. Requested Vendor All Paving

Vendor Number _____

Address 23123 FL-7 #250, Boca Raton, FL 33428

Contact Person Daren Daly

Title Chief Operating Office/ President

Phone P: 561-510-2026 M: 954-234-6381

Email daren@allpaving.com

2. Contract title and number requesting to piggyback?

Palm Beach County Project 2020055 (Resolution R2020-1640)

Awarding Agency Palm Beach County

Contract Expiration Date N/A

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Milling and Cleanup, Asphalt Paving, Striping Markings for all parking areas within Dowdy Sports Field.

4. Detailed description of the product/service's function and purpose. Per the City's request, the proposal has been broken into two different parking lot sections (North Parking Lots C, and D). Each section will be milled, resurfaced, and painted for parking and traffic.

5. Please explain what process the Department/Office took to verify and/or identify this contract. All documents are public via the Palm Beach County website.

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 All Paving is performing similar work for Holland Park using the same Piggyback contract. It is beneficial to the City to have the same company work on the Park parking lots so that they look similar and the same standard is used. This is possible by using the same paving company.

7. Total cost of the requested product/service. \$46,110.00

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

Account Number(s) 333.309901.57200.563010.001197.000.000

9. Is this product/service covered by a warranty? ☒ Yes ☐ No

If yes, please attach a copy of the warranty details. See "Warranty" within proposal.

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.

Karyn Gaski
Requestor's Signature

4/6/2022

Date

Jose Cortes
Director's Signature

04.06.2022

Date