



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

2019 FEB 28 AM 8:10

CITY OF HOLLYWOOD
PROCUREMENT SERVICES
DIVISION

Date 2/24/2019

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 Aquifer Maintenance & Performance Co. Vendor Number 8013
Performance Systems, Inc.

Address 7146 Haverhill Rd North West Palm Beach, FL 33047

Contact Person Jim Murray

Title President

Phone 561-494-2844

Email ampsjlp@gmail.com

2. Contract title requesting to piggyback? Bid No. 19-10-12-VH Annual Wellfield Maintenance Services

Awarding Agency City of Sunrise

Contract Expiration Date 02/12/2022

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). The Department of Public Utilities is requesting the use of the current City of Sunrise Contract Bid No. 19-10-12-VH Annual Wellfield Maintenance Services. This contract is awarded to Aquifer Maintenance & Performance Co. (AMPS). The pricing schedule in Section 6 Schedule "A" Bid 19-10-12-VH of the contract will be used specifically for Hollywood water production well maintenance and service's to meet the water treatment plant's well maintenance, operational and regulatory needs. Service and rehabilitation for both Biscayne and Floridan aquifers are currently required.

Procurement Service Division use only

Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)

4. Detailed description of the products/services function and purpose. The Hollywood Department of Public Utilities owns 22 production wells used for pumping water from the Biscayne and Floridan aquifer's to the water plant for treatment for the production of potable drinking water. Wells constructed in 1995 with 150 HSP submersible pumps and motors range in depths from 100 ft. to 2300 ft. and currently require maintenance and rehabilitation services. Rehabilitation is required for both optimal operational efficiency and regulatory purposes.

Account Numbers: 442.409901.53600.552240.000743.000.000 442.400501.53600.531170.000000.000.000
442.400502.53600.546330.000000.000.000 442.400502.53600.531170.000000.000.000

5. Please explain what process the Department/Office took to verify and/or identify this contract. City of Hollywood staff has identified an existing properly bid contract between Aquifer Maintenance & Performance Co. (AMPS) the vendor and the City of Sunrise. The City of Sunrise contract will be used to complete the well rehabilitation required on Biscayne production wells and Floridan Wells. In addition Video Survey and perform other well related maintenance work as needed by the City of Hollywood. Estimated cost for services provided under the existing City of Sunrise Contract No. Bid 19-10-12-VH is \$100,000.00

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. \$100,000.00

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

Account Number(s) See Line 4 Above _____

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.) _____

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

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

REQUESTING DEPARTMENT RECOMMENDATION

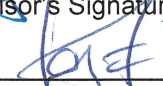
Note: By signing and returning this form, you are verifying and acknowledging that you have reviewed all portions (scope, terms, conditions, pricing, etc.) of the requested contract and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.


Contact Person's Signature

2/25/19
Date


Supervisor's Signature

2/25/19
Date


Director's Signature

2/25/19
Date

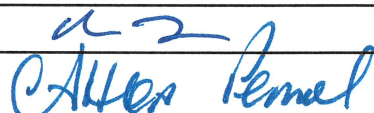
APPROVAL (Procurement Service Division Use Only)

Verified By:

Date

Approved
By:

Date



3/12/19

14 March 19

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)



AQUIFER MAINTENANCE AND PERFORMANCE SYSTEMS

7146 Haverhill Road • West Palm Beach, FL 33407 • 561-494-2844

March 7, 2019

City of Hollywood
3441 Hollywood Blvd.
Hollywood, FL 33021
Attn: Luis Montoya

Re: CITY OF SUNRISE
CONTRACT #19-10-12-VH

Aquifer Maintenance & Performance Systems, Inc. (AMPS, Inc.) agrees to allow the City of Hollywood to piggyback our existing contract with the City of Sunrise (contract #19-10-12-VH) with the same terms, conditions, specifications & pricing.

If you have any questions about the above information or if we may be of any further assistance please don't hesitate to call. Thank you.

Sincerely,

James Murray

James Murray
President

FOR YOUR TOTAL PUMP AND WELL FIELD NEEDS

FINANCE & ADMINISTRATIVE SERVICES

Purchasing Office

Phone: 954-572-2274

Fax: 954-578-4809



February 18, 2019

James Murray, President

Aquifer Maintenance and Performance Systems, Inc.

7146 Haverhill Road No.

West Palm Beach, FL 33407

ampsilp@gmail.com

Re: Letter of Award

Annual Wellfield Maintenance Services

Solicitation No. BID 19-10-12-VH

Resolution No: 19-21

Commission approval: Tuesday, February 12, 2019

Dear Mr. Murray:

This notice is to advise you that the Sunrise City Commission awarded your firm the above referenced bid.

The initial Contract period shall be for three (3) years commencing on February 12, 2019. In addition, the City reserves the right to renew the Contract for two (2) additional one-year periods, providing all terms, conditions and specifications remain the same, both parties agree to the extension, and such extension is approved by the City.

The Purchasing Office will issue purchase orders on an as-needed basis. Should you have any questions, please contact me.

Sincerely,

Victoria Hernandez, Procurement Specialist

Direct No: 954-572-2484.

Fax No: 954-578-4809

E-mail address: vhernandez@sunrisefl.gov

C: Ted Petrides, P.E., Director of Plant Operations

CITY CLERK
CITY OF SUNRISE
19 FEB 14 AM 9:57

SUNRISE, FLORIDA

RESOLUTION NO. 19-21

A RESOLUTION OF THE CITY OF SUNRISE, FLORIDA, TO AWARD BID NO. 19-10-12-VH FOR ANNUAL WELLFIELD MAINTENANCE SERVICES TO AQUIFER MAINTENANCE AND PERFORMANCE SYSTEMS, INC.; AND PROVIDING AN EFFECTIVE DATE.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF SUNRISE, FLORIDA:

Section 1. The award of Bid No. 19-10-12-VH for Annual Wellfield Maintenance Services to Aquifer Maintenance and Performance Systems, Inc. is hereby approved, in an amount not to exceed the FY 2018-2019 approved budgeted funds, with subsequent years' expenditures subject to budget approval.

Section 2. The Acting Procurement Manager, or designee is hereby authorized to issue a Purchase Order or take other action necessary in connection with this award.

Section 3. Effective Date. This Resolution shall be effective immediately upon its passage.

PASSED AND ADOPTED this 12TH DAY of FEBRUARY, 2019.



Mayor Michael J. Ryan

Authentication:

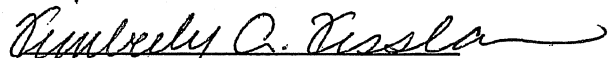

Felicia M. Bravo



MOTION: SOFIELD
SECOND: KERCH

DOUGLAS: YEA
KERCH: YEA
SCUOTTO: ABSENT
SOFIELD: YEA
RYAN: YEA

Approved by the City Attorney
as to Form and Legal Sufficiency


Kimberly A. Kisslan



BID NO: 19-10-12-VH

BID TITLE Annual Wellfield Maintenance Services

OPENING DATE: January 9, 2019

TIME: 2:00 PM

COMPANY NAME

Aquifer Maintenance and Performance
Systems, Inc.

All Webbs Enterprises, Inc.

A.C. Schultes of Florida, Inc.

Florida Design Drilling Corporation

Layne Christensen Company

GRAND TOTAL BID OFFER

\$205,120.00

\$336,395.00

\$656,750.00

\$691,500.00

\$1,917,530.00

BID OPENED BY:

Victoria Hernandez, Procurement Specialist

SECTION 5 - BID SUBMISSION CHECK LIST

COMPANY NAME: (Please Print) <u>Aggrifor Maintenance + Performance Systems Inc.</u>
Phone: <u>(501) 494-2944</u> Fax: <u>(501) 494-2944</u>

BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...

- ☒ 1. Carefully read the SPECIFICATIONS.
- ☒ 2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- ☒ 3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- ☒ 4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- ☒ 5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
- ☒ 6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- ☒ 7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
- ☒ 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- ☒ 9. Clearly mark the BID NUMBER AND BID NAME on the outside of your envelope.
- ☒ 10. Submit one (1) original (marked "Original") and two (2) photocopies (all collated and marked "Copy") of bid; Two (2) electronic true and exact copies of the bid on CD, flash drive or DVD in .pdf format.
- ☒ N/A 11. Include a Bid Bond, if applicable.
- ☒ 12. Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.

THIS SHOULD BE THE FIRST PAGE OF YOUR BID SUBMITTAL.



SECTION 6 – BID SUBMISSION PACKAGE
SCHEDULE "A"
CITY OF SUNRISE
BID SHEET & CERTIFICATION

ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING

Item No.	Description	Qty	UOM	Unit Cost	Total Monthly Cost	Total Extended Annual Cost for all Wells
1	Monthly Monitoring / Testing of Wells, as specified herein	6	Each Well	\$ <u>250^w</u> (cost of EACH well per MONTH)	\$ <u>1,500^w</u> (cost of ALL Wells per MONTH)	\$ <u>18,000^w</u> (cost of ALL wells ANNUALLY)

Item No.	Description	Qty	UOM	Unit Cost	Total Extended Annual Cost
2	Chemical Treatments, as specified herein	52	Each	\$ <u>375^w</u> /ea	\$ <u>19,500^w</u>
3	Complete Well Rehabilitation, as specified herein	13	Each	\$ <u>8,100^w</u> /ea	\$ <u>105,300^w</u>
4	Calibration of Well Flow Meters	16	Each	\$ <u>395^w</u> /ea	\$ <u>6,320^w</u>
5	Non-Emergency Response (per hour) – See Sections G and H in Specifications	350	Hour	\$ <u>135^w</u> /hr	\$ <u>47,250^w</u>
6	Emergency Response (per hour) - See Sections G and H in Specifications	50	Hour	\$ <u>175^w</u> /hr	\$ <u>8,750^w</u>

-In case of a discrepancy in computing the amount of the bid between the unit price bid and the extended total, the unit price will govern. If there is a discrepancy between the written and numeric amount, the written amount prevails.

-The estimated quantities herein do not constitute a guaranteed minimum order. Orders will be placed on an as-needed basis.

-Parts and Materials shall be billed separately at Contractor's cost plus 15%. Do not include cost of materials in hourly rate.

TOTAL BID OFFER (Items 1 thru 6): \$ 205,120^w

Two hundred five thousand one hundred twenty Dollars
(Written Amount)

BID TITLE: Annual Wellfield Maintenance Services

BID NUMBER: 19-10-12-VH

All deliveries will be made by Common Carrier ONLY. Yes X No _____

Non-Emergency response time will be within 48 hours after receipt of notification.

Emergency response time will be within 12 hours after receipt of notification.

(To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.)

Emergency Contact Person Jayne Randall 24 Hour Phone Number (954) 325-1702

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: X No: _____

ADDENDUM RECEIPT

Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance.

ADDENDUM NO: 1 /DATE 1/3/19 ADDENDUM NO: _____ /DATE _____

ADDENDUM NO: _____ /DATE _____ ADDENDUM NO: _____ /DATE _____

Agutter Maintenance & Performance Sps. Inc.
Vendor Name

James Murray
Name of Authorized Person



SCHEDULE "A"
(Continued)

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: Aggrate Maintenance - Performance System, Inc (AMPS, Inc)
Address: 7146 Hawthill Road N.W.
City: West Palm Beach State: FL Zip: 33407
Phone# (561) 494-2944 Fax# (561) 494-2944 E-Mail: amps@jpc-smail.com
Signature: [Signature] Title: President
Printed Name: James Murray
FEID or Social Security No. 65-091672

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Please be advised that pursuant to Section 119.071(5) (a) 2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants and other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Townsend Insurance Services, LLC 5931 NW 61st Manor		CONTACT NAME: Mike Gegerson PHONE (A/C, No, Ext): 954-540-7430 FAX (A/C, No): 954-951-1789 E-MAIL ADDRESS: mike@townsendinsuranceservices.com	
Parkland	FL 33067	INSURER(S) AFFORDING COVERAGE	
INSURED Aquifer Maintenance and Performance Systems Inc 7146 Haverhill Road North		INSURER A: Landmark American Insurance Company	
West Palm Beach		INSURER B: Granite State Insurance Company	
FL 33407		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL18102901385

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	LHC772588	10/28/2018	10/28/2019	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
						MED EXP (Any one person) \$ 10,000	
						PERSONAL & ADV INJURY \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000	
	OTHER:					Dmg Prem Rntd to You \$ 100,000	
B	AUTOMOBILE LIABILITY		02-CA-069971035-1	08/02/2018	08/02/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO					<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					<input type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				Uninsured motorist combined \$ 500,000	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$	
	DED	RETENTION \$				AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A			PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L EACH ACCIDENT \$	
A	Professional Liability		LHC772588	10/28/2018	10/28/2019	5,000 deductible 2,000,000	
A	Pollution Liability		LHC772588	10/28/2018	10/28/2019	5,000 deductible 2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Hollywood is additional insured, per written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood
Attention: Carlos Aguilera
3441 Hollywood Boulevard
Hollywood, FL 33021

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mike Gegerson/MG

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Robert Lowery

From: Luis Montoya
Sent: Thursday, March 07, 2019 10:58 AM
To: Robert Lowery
Cc: Daniel Mainero; Carlos Aguilera; Shanene Wright
Subject: FW: Piggyback for Sunrise Contract Bid No. 19-10-12-VH
Attachments: 3-6 hollywood letter_20190307092237.pdf; 3-6 hollywood coi_20190307090424.pdf

Robert,

Please find the requested documentation attached. As well as email from Risk on COI. Let us know if you need anything more.

Thank you,

Luis Montoya

Water Treatment Plant Operations Superintendent



City of Hollywood
Department of Public Utilities
3441 Hollywood Blvd.
Hollywood, Florida 33021
Phone: 954-967-4230
Fax: 954-967-4232
lmontoya@hollywoodfl.org

From: Horace McLarty
Sent: Thursday, March 07, 2019 9:48 AM
To: Luis Montoya
Cc: Carlos Aguilera; Shanene Wright
Subject: FW: Piggyback for Sunrise Contract Bid No. 19-10-12-VH

Sufficient

Office of Human Resources/Risk Management
Phone: 954-921-3292
Fax: 954-921-3678

From: Luis Montoya
Sent: Thursday, March 07, 2019 9:38 AM
To: Horace McLarty
Cc: Carlos Aguilera; Shanene Wright
Subject: FW: Piggyback for Sunrise Contract Bid No. 19-10-12-VH

Horace,

Please review the attached COI and advise if sufficient. Amps is the vendor we use for well repairs and rehabs. They do projects at our well locations. Let me know if you need more info.

Thank you,
Luis Montoya
Water Treatment Plant Operations Superintendent



City of Hollywood
Department of Public Utilities
3441 Hollywood Blvd.
Hollywood, Florida 33021
Phone: 954-967-4230
Fax: 954-967-4232
lmontoya@hollywoodfl.org

From: Jayne Prindible [<mailto:ampsjlp@gmail.com>]

Sent: Thursday, March 07, 2019 9:30 AM

To: Luis Montoya

Cc: Carlos Aguilera

Subject: Re: Piggyback for Sunrise Contract Bid No. 19-10-12-VH

Good morning again!!

Please see attached and let us know if you need any additional paperwork, thanks and have a great day!

"If we ever forget we are one nation under God, we will be one nation gone under" Ronald Reagan

Jayne L. Prindible

Administrative Director

AMPS, Inc.

Aquifer Maintenance & Performance Systems, Inc.

7146 Haverhill Road N.

West Palm Beach, FL 33407

On Tue, Mar 5, 2019 at 5:26 PM Luis Montoya <LMONTOYA@hollywoodfl.org> wrote:

Jayne,

Please see email below requesting 2 items from you. We need them to move the process forward on piggybacking from the Sunrise Contract Bid No. 19-10-12-VH. Please provide them as soon as possible.

Thank you,

Luis Montoya

Water Treatment Plant Operations Superintendent



City of Hollywood

Department of Public Utilities

3441 Hollywood Blvd.

Hollywood, Florida 33021

Phone: 954-967-4230

Fax: 954-967-4232

lmontoya@hollywoodfl.org

From: Robert Lowery

Sent: Tuesday, March 05, 2019 4:29 PM

To: Carlos Aguilera; Luis Montoya; Shanene Wright

Cc: Daniel Mainero

Subject: RE: Potential Wells Maintenance Contract

Good Afternoon Everyone,

We are in receipt of your Piggyback Request Form. In our initial review we noticed the following items are missing:

- Vendor Offer Letter
- COI and Insurance Approved by Risk Management

Please gather these documents and send over at your earliest convenience.

Thanks,

Rob

Luis Montoya

Water Plant Operations Superintendent
City of Hollywood
Public Utilities

P.O. Box 229045
Hollywood, FL 33022-9045
Office: 954-967-4230
E-mail: LMONTOYA@hollywoodfl.org



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.
