



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 5/15/2023

Department/Office Public Utilities Wastewater Treatment Plant

Division/Area 4011

Requestor Joel Blanco

Title Operation Superintendent

Phone 9549213288 ext 5402

Email Jblanco@hollywoodfl.org

1. Requested Vendor Univar Solutions USA, Inc

Vendor Number _____

Address 8201 South 212 St. Kent, WA 98032

Contact Person Stacy Ziegler

Title Municipal Specialist

Phone 813.677.8416

Email stacy.ziegler@UnivarSolutions.com

2. Contract title and number requesting to piggyback? SFGP Co-op Bid # 2023-006

Awarding Agency City of Margate

Contract Expiration Date 4/18/28

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 Sodium Hydroxide 50%

4. Detailed description of the product/service's function and purpose. Provide Sodium Hydroxide for use in odor scrubber and chlorine scrubber. Sodium Hydroxide neutralizes and remove Hydrogen Sulfite (H2S) within the odor scrubber to prevent release to the air. Failing to remove the H2S gas will cause strong foul odors to be release into the air. Also, sodium hydroxide is used to neutralize and remove chlorine gas that may be release to the air during a chlorine gas leak. Excessive H2S gas in our air will be a violation of FDEP regulatory

5. Please explain what process the Department/Office took to verify and/or identify this contract. City of Hollywood takes part in Southeast Florida Governmental Purchasing Co-op. City of Margate as the lead agency awarded Bid # 2023-006 to Univar Solutions USA, Inc.

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 _ SFGP Coop Bid #2023-006

7. Total cost of the requested product/service. .\$220,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. .\$220,000.00

Account Number(s) 442.400601.53600.552330.000000.000.000

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

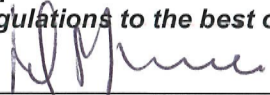
If yes, please attach a copy of the warranty details.

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.



Requestor's Signature

5/16/2023

Date

DocuSigned by:


6385CE2A8EB545E
Director's Signature

5/16/2023

Date