



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Solicitation Request Form (Use for bids, RFPs, RLLs, RFQs)

Date 9/12/16

Department/Office Public Works

Division/Area \_\_\_\_\_

Contact Person Karen Arndt

Title Assistant Director

Phone 954-967-4526

Email karndt@hollywoodfl.org

1. Product/Service being requested (be specific.) Dune renovation - removal of exotic vegetation, planting of native species and trimming of trees on dune from Jeffereson Street to Bouganvilla Terrace.

2. Detailed description of the products/services function and purpose. Same as above

Are there alternative products/services capable of performing the required function? NA

3. Has this product/service previously been formally solicited by the City of Hollywood?

Yes  No  Unsure

If yes, please provide previous solicitation number. \_\_\_\_\_

4. Has this product/service previously been formally solicited by another government agency?

Yes  No  Unsure

If yes, please provide details and copy if available. \_\_\_\_\_

5. Total estimated cost of the requested product/service? \$70,000

Has this cost been approved in your budget?  Yes  No

*Procurement Service Division use only*

Requisition # R \_\_\_\_\_  
BPO \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Oder # \_\_\_\_\_  
(As Applicable)

If yes, provide Account Number (s.) 34.5100.15496.572.016321  
34.5100.15496.572.026312

6. Formal Solicitations must be advertised for a minimum of 10 (ten) days and typically not more than 30 (thirty) days. How long is the Department/Office requesting to advertise this solicitation? 15 Days

7. Is a pre-bid meeting required?  Yes  No

If yes, are you requesting it to be mandatory?  Yes  No

8. Project location? Jefferson Street - East of A1A

9. Completion Time: Final completion of this project shall be in 90 calendar days once a Notice To Proceed (NTP) is given to the awarded vendor.

10. Are you requesting this formal solicitation require liquidated damages (liquidated damages are not penalties, they should represent the amount of monies the City will incur/lose if the project is not completed in require time?)

Yes  No

11. Please list any special licenses or certification require to bid. N/A

12. Are there any outside entities assisting with this solicitation (i.e. Architect, Consultant, etc?)

Yes  No

If yes, please provide the information:

Entity Chen Moore and Associates Contact Person Christobal Betancourt

Phone 954-730-0707 Email CBetancourt@chenmoore.com

13. Are there attachments associated with this request?  Yes  No

14. 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.)

\_\_\_\_\_

15. 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.)  
Maintenance is included in first year of contract. Funding will be requested in future year for maintenance beyond first year.

16. Is this a grant related purchase?  Yes  No

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(As Applicable)

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? \_\_\_\_\_

17. Does this solicitation for product/service work in conjunction with any other Department/Office or will it impact any other Department/Office?  Yes  No

If yes, please provide details on Department/Office and how. \_\_\_\_\_

Signature(s) below of other Department/Office Director(s) indicates they have reviewed and agree to this Request Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department/Office

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department/Office

18. Please provide the names of suggested evaluations committee member:  
(NOTE: Committee members should not be direct reports.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Please provide any specific vendor(s) to be included in the notification of these solicitations.  
Allstate Resource Management - 954-382-9766 sweinsier@allstatemanagement.com

To be completed by Procurement Services Division upon award recommendation

Advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched

Search Results

\_\_\_\_\_

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Procurement Service Division use only

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BPO \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # \_\_\_\_\_  
(As Applicable)

Thomas A. Reed  
Contact Person's Signature

9/13/16  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

[Signature]  
Director's Signature

9-13-16  
Date

**APPROVAL (Procurement Service Division Use Only)**

Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

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