



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Solicitation Request Form

(Over \$25,000)

(Use for informal bids and formal Bids, RFPs, RLIs, RFQs)

Date 10/01/2020

Department/Office Office of the City Clerk

Division/Area Records and Archives

Contract Administrator Aynna Cameron

Title Records and Archives Manager

Phone 954-921-3545

Email acameron@hollywoodfl.org

1. Product/Service being requested (be specific.) Mailing Services

2. Detailed description of the products/services function and purpose. Due to the heavy volume of mail generated by the city, an outside vendor is needed to be used for the pick-up and delivery of mail to and from the city to the U.S. Post Office. The vendor selected will be responsible for affixing the correct postage rate on all outgoing mail.

Are there alternative products/services capable of performing the required function? No

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. See attached

5. a. Total estimated cost of the requested product/service? \$92,000.00

Has this cost been approved in your budget? ☒ Yes ☐ No

If yes, provide Account Number (s.) 557.111002.51900.542010.000000.000.000

#### Procurement Service Division use only

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

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

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

b. Total estimated cost of the requested product/service? \$39,759.00

Has this cost been approved in your budget? ☒ Yes ☐ No

If yes, provide Account Number (s.) 011.120301.51300.542010.000000.000.000

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? City Hall, USPS and Vendor's facility.

9. Completion Time: Final completion of this project shall be in n/A 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 \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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.)

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16. Is this a grant related purchase? ☐ Yes ☒ No

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. All departments and offices city-wide depend on mail services

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 shall not be direct reports.)

Patricia Cerny

Michele Anzalone

Raelin Storey

Shawn Burgess

Paul Bassar

Aynna Cameron

19. Please provide any specific vendor(s) to be included in the notification of these solicitations.  
Postal Center International, ArrowMail Presort Co, TC Deliveries, Flowers Consulting LLC.

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.

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

Company Name(s) Searched

Search Results

\_\_\_\_\_

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(As Applicable)

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(As Applicable)

Contract Administrator Signature

Date

Supervisor's Signature

Date

Director's Signature

Date

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

Verified By:

Date

Approved  
By:

Date

Procurement Service Division use only

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

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