



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 10/10/23

Department/Office Public Utilities

Division/Area PUD

Requestor Jaime Castillo

Title Interim UU Manager

Phone 954-921-2998

Email jcastillo@hollywoodfl.org

1. Requested Vendor PSI Technologies, Inc

Vendor Number 101891

Address 3520 Investment Lane Unit 3, Riviera Beach FL, 33404

Contact Person Chris Calvert

Title Engineered Product Sales

Phone 305-998-1371

Email chris@psi-technic.com

2. Contract title and number requesting to piggyback? FSA23-EQU21.0

Awarding Agency FSA

Contract Expiration Date 09/25/2025

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Five eight-inch pumps reduced to six-inch pumps with trailers.

4. Detailed description of the product/service's function and purpose. Five eight-inch pumps reduced to six-inch pumps with trailers for the removal the stormwater and prevent flooding in the City of Hollywood neighborhood. .

5. Please explain what process the Department/Office took to verify and/or identify this contract. Searched the website for pumps and found the Florida Sheriffs Association contract and we contacted the awarded vendor.

BBA Pumps and received a quote for five (5) 6" pumps and one (1) 8" pump.

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. \$369,936.20

8. Total estimated annual (fiscal year) cost of requested product/service. \$369,936.20

Account Number(s) 443.410101.53800.564531.000000.000.000.

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.

DS
P.S.

DocuSigned by:

Chawane Bentley

10/19/2023

Requestor's Signature

Date

DocuSigned by:

Vincent Morello

10/19/2023

Director's Signature

Date