



## **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 04/24/2024

Department/Office Public Utilities

Division/Area PUD

Requestor Jaime Castillo

Title UU Manager

Phone 954-921-2998

Email jcastillo@hollywoodfl.org

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1. Requested Vendor Envirowaste Services Group Inc. Vendor Number 29876

Address 18001 Old Cutler Road, Suite 554, Palmetto Bay, FL 33157

Contact Person Mike Garcia

Title Operation Manager

Phone 305-637-9665

Email mikegarcia@ewsg.com

2. Contract title and number requesting to piggyback? City of Fort Lauderdale Stormwater Infrastructure Cleaning and Maintenance Services.

Awarding Agency City of Fort Lauderdale

Contract Expiration Date November 15, 2025

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Drainage system cleaning and maintenance services for the citywide storm drainage system.

4. Detailed description of the product/service's function and purpose. The inspection, cleaning, and other preventative maintenance of stormwater pipes and appurtenances necessary to keep the stormwater system operational, reduce flooding, and increase community resiliency.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The City Staff reviewed and verified the contract between the vendor and the City of Fort Lauderdale. It was determined that the City still needed these services for infrastructure cleaning and maintenance at these reasonable prices.

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. Up to \$500,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$500,000.00

Account Number: 443.419901.53800.563010.001651.000.000.

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.***

Jaime Castillo

4/25/2024

Requestor's Signature

Date

DocuSigned by:

Vincent Morello

4/30/2024

Director's Signature

Date