



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

(Use for purchase(s) over \$10,000, when piggybacking off other contracts)

Date 1/16/19

Department/Office Public Utilities

Division/Area WWTP

Contact Person Coy Mathis

Title Public Utilities Manager

Phone 954-921-3288

Email cmathis@hollywoodfl.org

2019 JAN 24 AM 8:19

CITY OF HOLLYWOOD
PROCUREMENT SERVICES
DIVISION

1. Requested Vendor Tripp Electric Motors

Vendor Number 36719

Address 1225 NW Avenue L, Belle Glade, Fl. 33430

Contact Person Gary A. Kowalewski

Title Technical Sales Rep.

Phone 561-449-7866

Email gary@trippmotors.com

2. Contract title requesting to piggyback? Motor and Pump repair

Awarding Agency Martin County Bid #RFB2018-3087

Contract Expiration Date 10/23/2011

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Repair of electric motors and pumps for Stormwater Stations, Water Plant, Wastewater Plant and 80 Lift Stations.

4. Detailed description of the products/services function and purpose. Provide electric motor and pump repair for Stormwater Stations, Water Plant, Wastewater Plant and lift station submersible pumps which include a pump and motor assembly. Failure to repair wastewater lift station pumps and motors needed for the proper operation of treatment processes is a violation of FDEP regulatory standards that may caused a monetary fine for the

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)

violation. In addition, failure to repair electric motors and pumps for Stormwater Stations, Water Plant, Wasterwater Plant and Lift Stations in a timely manner will endanger Public Health and Safety and caused damage to our environment.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Tripp Electric identified the contract as an additional option for the City of Hollywood to repair electric motors and pumps for Stormawater Stations, Water Plant, Wastewater Plant and Lift Stations.

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 Procurement Services Department evaluated this contract.

7. Total cost of the requested product/service. \$135,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$135,000.00

Account Number(s) See attached list

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

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

10. 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.) _____

11. 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.)

12. 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? _____

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Oder # _____
(As Applicable)

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Excluded Parties List System at www.epls.gov.

Date of Advanced Search _____

Company Name(s) Searched	Search Results
_____	_____
_____	_____
_____	_____
_____	_____

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 and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.

Cay Mathis
Contact Person's Signature

1/16/19
Date

[Signature]
Supervisor's Signature

01/17/19
Date

[Signature]
Director's Signature

01/17/19
Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:	<u>[Signature]</u>	Date	<u>2/6/19</u>
Approved By:	<u>[Signature]</u>	Date	<u>2/6/2019</u>

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)

Division	Account No.	Estimated Annual Expenditure
WWTP	442.400602.53600.552240.000000.000.000	\$20,000.00
	442.400603.53600.552240.000000.000.000	\$25,000.00
WTP	442.400502.53600.546330.000000.000.000	\$50,000.00
Underground Utilities – Stormwater Section	443.410101.53800.546330.000000.000.000	\$20,000.00
Underground Utilities – Stormwater Section	443.410101.53800.552250.000000.000.000	\$20,000.00
	Total:	\$135,000.00 ✓



January 28, 2019

**City of Hollywood
1621 N. 14th Ave
P.O. Box 229045
Hollywood, FL 33022-9045**

RE: Request to Extend Piggyback Agreement, Martin County Contract RBF#2018-3087 with the City of Hollywood.

Dear Mr. Mathis,

Per our conversation with Gary Kowalewski earlier today, please accept this letter as confirmation to our agreement to allow the City of Hollywood to “piggyback” off the Martin County Contract Bid # RFB#2018-3087. Once the City of Hollywood legal department has provided us with a contract, we will sign it and wait for a fully executed copy to be returned to our office in order for the process to be complete.

We look forward to this continuing opportunity to work with the City of Hollywood.

If you have any questions, please feel free to contact us.

Sincerely,

Jimmy L. Tripp

President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/03/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

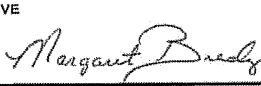
PRODUCER Milton Carpenter Insurance, Inc. 135 S. E. Avenue C P.O. Box 1270 Belle Glade FL 33430		CONTACT NAME: Tonya Stamm - Csr PHONE (A/C, No, Ext): (561) 996-7211 FAX (A/C, No): (561) 996-2601 E-MAIL ADDRESS: tonya@miltoncarpenterins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Atlantic Specialty Lines	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED TRIPP ELECTRIC MOTORS, INC. PO BOX 1059 BELLE GLADE FL 33430			

COVERAGES **CERTIFICATE NUMBER:** CL184300889 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		VUMC0142561	04/04/2018	04/04/2019	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							MED EXP (Any one person) \$ EXCLUDED
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Hollywood is listed as an Additional Insured in regards to the General Liability policy.

CERTIFICATE HOLDER		CANCELLATION	
City of Hollywood Dept. of Financial Services, Procurement Ser Div 2600 Hollywood BLVD, Rm 303 Hollywood FL 33020		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER State Farm Gretchen Robertson Insurance Agency Inc 309 NE 2nd St Okeechobee FL 34972	CONTACT NAME: Annette PHONE (A/C, No, Ext): 863-763-5561 FAX (A/C, No): 863-763-1161 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Tripp Electric Motors Inc 1225 NW Avenue L Belle Glade FL 33430	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		E50 5444-D04-59	10/04/2018	04/04/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Hollywood 2600 Hollywood Blvd Hollywood FL 33020	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Robert Lowery

From: Horace McLarty
Sent: Wednesday, January 30, 2019 5:24 PM
To: Coy Mathis
Cc: Robert Lowery; Sarah Scovill; Jennifer Stabile
Subject: FW: City of Hollywood
Attachments: City of Hollywood COI 1.30.19.pdf; BRN3C2AF450D520_001127.pdf; BRN3C2AF450D520_001148.pdf

The certificates of insurance are acceptable.

Repairing pumps and motors. Also, installing them if needed.

Office of Human Resources/Risk Management
Phone: 954-921-3292
Fax: 954-921-3678

From: Coy Mathis
Sent: Wednesday, January 30, 2019 5:09 PM
To: Horace McLarty
Cc: Robert Lowery; Sarah Scovill; Jennifer Stabile
Subject: FW: City of Hollywood

Horace,

Tripp Electric is securing a BPO with the City of Hollywood. Please review his certificates of insurance for acceptance. Thank you.

Coy

From: Gary Kowalewski [<mailto:gary@trippmotors.com>]
Sent: Wednesday, January 30, 2019 4:37 PM
To: Coy Mathis
Subject: Fwd: City of Hollywood

Sent from my iPhone

Begin forwarded message:

From: Luly Young <luly@trippmotors.com>
Date: January 30, 2019 at 3:42:41 PM EST
To: Gary Kowalewski <gary@trippmotors.com>
Subject: FW: City of Hollywood

See attached,
Gary let me know if you need anything else

Luly

From: Annette Hartman <annette.hartman.k5ev@statefarm.com>
Sent: Wednesday, January 30, 2019 3:41 PM
To: Luly Young <luly@trippmotors.com>
Subject: RE: City of Hollywood

Thank you,
Annette

From: Luly Young [<mailto:luly@trippmotors.com>]
Sent: Wednesday, January 30, 2019 2:21 PM
To: Annette Hartman <annette.hartman.k5ev@statefarm.com>
Subject: [EXTERNAL] City of Hollywood

Good afternoon Annette,
Can you please email me Certificate of Auto Liability for the City of Hollywood
Thank you

LULY YOUNG
TRIPP ELECTRIC MOTORS, INC
luly@trippmotors.com
P- 561-996-3333
F- 561-996-1811