



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggyback Request Form

(Use for purchase(s) over \$5,000, when piggybacking off other contracts)

Date 10/25/2021

Department/Office DCM

Division/Area _____

Requestor Karyn Sashi

Title Project Manager

Phone 954-921-3410 ext 6035

Email ksashi@hollywoodfl.org

1. Requested Vendor All Paving

Vendor Number _____

Address 23123 FL-7 #250, Boca Raton, FL 33428

Contact Person Daren Daly

Title Chief Operating Office/ President

Phone P: 561-510-2026 M: 954-234-6381

Email daren@allpaving.com

2. Contract title and number requesting to piggyback?

Palm Beach County Project 2020055 (Resolution R2020-1640)

Awarding Agency Palm Beach County

Contract Expiration Date N/A

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Milling/resurfacing of parking lot and pathways, pavement markings, concrete sidewalks footer curb, sealcoating, rock service.

4. Detailed description of the product/service's function and purpose. Asphalt milling and paving of all park pathways and parking lots, pavement markings on the road and in the parking lots, rock service and asphalt paving to build asphalt area in front of rowing shed and straight edge where boats are located, asphalt paving to pitch water where boats are for positive drainage, concrete sidewalks and concrete footer in ground at sidewalks and pavilions.

5. Please explain what process the Department/Office took to verify and/or identify this contract. All documents are public via the Palm Beach County website.

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 Three proposals were requested that could be used as a Piggyback contract. All Paving was the lowest cost of the three companies.

7. Total cost of the requested product/service. \$193,842.36

8. Total estimated annual (fiscal year) cost of requested product/service. \$193,842.36

Account Number(s) 333.309901.57200.563010.001213.000.000

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

If yes, please attach a copy of the warranty details. See "Warranty" within proposal.

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.

Karyn Sarkis
Requestor's Signature

10-25-2021
Date

[Signature]
Director's Signature

10-25-2021
Date