

Piggyback Checklist

Using Department(s): Department of Parks, Recreation & Cultural Arts

Piggyback Contract Number/Name: Clay County #18/19-2

Services/Supplies to be provided: McNicol Community Center Playground replacement

Why are Services/Supplies being obtained via piggyback (as opposed to issuing a solicitation or obtaining quotes): PRCA identified multiple playground vendors to partner with to complete playground replacement capital improvement projects. Piggybacking a competitively bid RFP awarded to Rep Services ensures using an effective procurement method, competitive pricing, expediting project completion and an efficient use of staff time.

Procurement Code, Section 38.41(C)(5):

(5) Piggyback purchases. The CPO (Chief Procurement Officer) may procure, without following formal solicitation procedures, all goods, supplies, materials, equipment, and services that are the subject of contracts with the state, its political subdivisions, the United States government, other governmental entities, or a corporation not for profit whose members are governmental entities, public officers, or any combination thereof ("piggyback"), provided that the goods, supplies, materials, equipment, or services are the subject of a price schedule negotiated by the entities listed above and is based strictly on competitive bids, quotations, or competitive proposals and not on any preference. Utilization of other governmental entities' contracts shall be permitted only during the term of the other governmental entity's contract.

Piggyback Justification Criteria	YES	NO	COMMENT		
Is the piggyback contract's pricing/terms more favorable than pricing/terms we would obtain from issuing our own solicitation or obtaining our own quotes?	Yes		Typically, competitively bid piggybacks offer fairer terms and pricing due to the large volume in sales. Vendors achieve economies of scale by increasing production. Some of those savings are seem in piggybacked solicitations.		
Will use of the piggyback contract save City staff administrative time, efforts and resources?	Yes		Besides saving on staff time and competitively bid pricing, project completion is expedited.		
Will the requested services/supplies be purchased with funds other than grant funds or funds that prohibit the use of piggybacking?	Yes		Capital improvement project funding		

*If you answered no to any of the questions above in this section, please disregard piggybacking the desired services/supplies and terminate any further completion of this form unless otherwise granted administrative approval to piggyback by authorized City Management staff.

ITEMS VERIFIED	YES	NO	COMMENT
Does the piggyback contract allow the utilization of the contract by other entities, including use in the state of FL if it's an out of state contract?	Yes		

Was the contract awarded through a solicitation or other acceptable competitive process that was publicly advertised?	Yes		
Piggyback Contract is Valid? Contract Expiration Date:	Yes		5/28/2019 - 5/27/2022 5/28/2022 - 5/27/2023 5/28/2023 - 5/27/2024
Goods / Services requested by the Using Department(s) match those allowed under the piggyback contract and do not extend beyond the expiration date of the piggyback contract?	Yes		
Does the piggyback contract have acceptable terms and conditions?	Yes		
Did the vendor confirm that the piggyback contract is authorized to be used with the established terms, conditions, and pricing?	Yes		
Is pricing "Fair and Reasonable" in the piggyback contract?	Yes		
Piggyback Contract Certificate(s) of Insurance (COI) is acceptable to the COH's Risk Management?	Yes		
Piggyback Contract has Warranty Conditions?	Yes		
Piggyback Contract has liquidated damages (if Yes, provide the daily liquidated amount)		No	N/A

Requestor	's S	igna	ture: ˌ
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Date: 03

Director's Signature:
Date: 3/23/2027

Steve Stewart **CPO Signature:**

Date: 4/18/2023

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CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

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

Date <u>03.14.2023</u>					
Department/Office Parks, Recreation & Cultural Arts	Division/Area 309091				
Requestor <u>D.Vazquez</u>	Title Assistant Director				
Phone <u>954.921.3404</u>	Email dvazquez@hollywoodfl.org				
1. Requested Vendor Rep Services, Inc.	Vendor Number <u>17590</u>				
Address 165 West Jessup Avenue Longwood, FL 32750	D-414 <u>6</u>				
Contact Person Michael Lacroix	Title Consultant				
Phone <u>407.831.9658</u>	Email michael@repservices.com				
2. Contract title and number requesting to piggyback? <u>RFP NO 18/19-2 Various Equipment and Amenities for Parks and Playgrounds</u>					
Awarding Agency Clay County Florida					
Contract Expiration Date <u>09.30.2024</u>					
Copy of Contract and Awarding Agency documental	tion is attached (provide if available). ⊠ Yes □ No				
 Product/Service being requested (be specific). <u>Purchase surfacing.</u> 	and installation of playground equipment and safety				
4. Detailed description of the product/service's function and					

expectancy and needs replacement. The new playground equipment and safety surfacing will provide the youth

5. Please explain what process the Department/Office took to verify and/or identify this contract. Rep Services's

programs and community leisure activities for the next ten to twelve years.

representative was contacted for a proposal.

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 PRCA is working with multiple playground vendors on multiple playground capital improvement projects.						
7. Total cost of the requested product/service. \$156,479.64						
8. Total estimated annual (fiscal year) cost of requested product/service. \$ 0.00						
Account Number(s) 117.309901.57200.563010.001556.000.000 - \$156,479.64						
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 <u>N/A</u>						
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.						
Requestors/Signature Date 2/16/2023 Date Date						

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/09/2023

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	407-629-4825	CONTACT Peter Katauskas					
Alexander Insurance Agency 541 S. Orlando Ave., Suite 206		PHONE (A/C, No, Ext): 407-629-4825	FAX (A/C, No): 407-6	No): 407-629-5407			
Maitland, FL 32751		E-MAIL ADDRESS: pkatauskas@alexfinancial.com					
Peter Katauskas		INSURER(S) AFFORDING COVERAG	E	NAIC#			
		INSURER A: Hartford Insurance Co of SE		38261			
INSURED Rep Services, Inc.		INSURER B : Sentinel Ins. Co., LTD		11000			
Rep Services, Inc. 165 W. Jessup Avenue		INSURER C: Travelers Indemnity Co of Am	er	25666			
Longwood,, FL 32750		INSURER D : Evanston Insurance Company		35378			
		INSURER E : Lloyd's	•				
		INSURER F : Ohio Casualty Ins Co.	332710				

COVERAGES CERTIFICATE NUMBER: 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		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EXP	LIMIT	's	
A	х	COMMERCIAL GENERAL LIABILITY	INSU	WVD	TOLIOT NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s	1,000,000
		CLAIMS-MADE X OCCUR	x	X	21SBMBK3355	08/01/2022	08/01/2023	DAMAGE TO RENTED	*	500,000
	х	Business Owners	^	^	Z TODINDROGGO	00/01/2022	00/01/2025	PREMISES (Ea occurrence)	\$	10,000
Ь	X	ProductsCompleted		1	MKLV3PBC002186 - AI & WOS	08/01/2022	08/01/2023	MED EXP (Any one person)	\$	1,000,000
-	\vdash	·			INCE VOT BOODE 100 - AT & TVOS	00/01/2022	00/01/2023	PERSONAL & ADV INJURY	\$	2,000,000
	GE	VL AGGREGATE LIMIT APPLIES PER: POLICY X PRO: LOC						GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG Occurrenc	\$	1,000,000
<u> </u>		OTHER:	-	-					\$	
В	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	Х	21UECHV0794	08/01/2022	08/01/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
1		7.0100 07.21	}						s	
D	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s	5,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	MKLV3EUL102448	08/01/2022	08/01/2023	AGGREGATE	s	5,000,000
		DED X RETENTION \$ 10,000	1	**				AGGREGATE	Ť	
C	14101	DED X RETENTION \$ 10,000	-			1		▼ PER OTH-	\$	
6		EMDI AVEDE'I IADII ITV			\			X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		UB-3J747620	08/01/2022	08/01/2023	E.L. EACH ACCIDENT	\$	1,000,000
		idatory in NH)	""					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
F	Inla	nd Marine			BMO60331810	08/01/2022	08/01/2023	Job Limit		250,000
E	Erre	ors & Omissions			ANE1939938	08/01/2022	08/01/2023	Claim/Agg		\$2M/\$2M
	1			L			1			

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

Proj: 19494, City of Hollywood - McNicol Community Center City Of Hollywood is listed as additional insured when required by

City Of Hollywood is listed as additiona	I insured when required by written
contract with Respects to the General !	iability and Auto Liability.

CERTIFICATE HOLDER		CANCELLATION
City Of Hollywood	HOLLY-6	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2600 Hollywood Blvd., Room 212 Hollywood, FL 33022		AUTHORIZED REPRESENTATIVE Ser Laten for

David Vazquez

From:

Certificate of Insurance

Sent: To:

Wednesday, February 15, 2023 12:44 PM David Vazquez; Certificate of Insurance

Subject:

RE: Review of COI

Attachments:

19494-COI.pdf

The COI is acceptable

From: David Vazquez < DVazquez@hollywoodfl.org>

Sent: Thursday, February 9, 2023 10:40 AM

To: Certificate of Insurance <COI@hollywoodfl.org>

Subject: Review of COI

Good morning,

Vendor will be removing and installing new playground and safety surface at McNicol Community Center.

DV