



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Solicitation Request Form (Use for bids, RFPs, RLI's, RFQs)

Date 2/26/15

Department/Office Public Works

Division/Area 5123

Contact Person Charles Lassiter

Title Environmental Services  
Supervisor

Phone 4207

Email classiter@hollywoodfl.org

1. Product/Service being requested (be specific.) Curbside Recycling Collection Service

2. Detailed description of the products/services function and purpose. The City of Hollywood is seeking Bids to establish a Three (3) Year, Three (3) month Agreement with no renewal options for Curbside Recycling Collection Services for approximately 34,578 single family up to three family residences (single family, duplex and triplex units) within the City limits.

Are there alternative products/services capable of performing the required function? No

3. Has this product/service previously been formally solicited by the City of Hollywood?

☒ Yes ☐ No ☐ Unsure

If yes, please provide previous solicitation number. RFP-4184-09-IS

4. Has this product/service previously been formally solicited by another government agency?

☒ Yes ☐ No ☐ Unsure

If yes, please provide details and copy if available. Several municipalities have bid similar services

5. Total estimated cost of the requested product/service? \$1,000,000.00

Has this cost been approved in your budget? ☒ Yes ☐ No

#### Procurement Service Division use only

Requisition # R  
BPO Proc 2723  
(As Applicable)

Purchase Order # P  
(As Applicable)

Blanket Purchase Order #  
(As Applicable)

If yes, provide Account Number (s.) 45.5123.00000.534.003117

6. Formal Solicitations must be advertised for a minimum of 10 (ten) days and typically not more than 30 (thirty) days. How long is the Department/Office requesting to advertise this solicitation? 30 Days

7. Is a pre-bid meeting required? ☒ Yes ☐ No

If yes, are you requesting it to be mandatory? ☒ Yes ☐ No

8. Project location? Citywide

9. Completion Time: Final completion of this project shall be in \_\_\_\_ calendar days once a Notice To Proceed (NTP) is given to the awarded vendor.

10. Are you requesting this formal solicitation require liquidated damages (liquidated damages are not penalties, they should represent the amount of monies the City will incur/lose if the project is not completed in require time?)

☒ Yes ☐ No

11. Please list any special licenses or certification require to bid. \_\_\_\_\_

12. Are there any outside entities assisting with this solicitation (i.e. Architect, Consultant, etc?)

☐ Yes ☒ No

If yes, please provide the information:

Entity \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

13. Are there attachments associated with this request? ☒ Yes ☐ No

14. 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.)

N/A

15. 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.)

N/A

16. Is this a grant related purchase? ☐ Yes ☒ No

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
BPO B002727  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # \_\_\_\_\_  
(As Applicable)

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) N/A

Will this require matching funds? ☐ Yes ☐ No

What is the grant source? N/A

What is the grant (dollar) amount? N/A

17. Does this solicitation for product/service work in conjunction with any other Department/Office or will it impact any other Department/Office? ☐ Yes ☒ No

If yes, please provide details on Department/Office and how N/A

Signature(s) below of other Department/Office Director(s) indicates they have reviewed and agree to this Request Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department/Office

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department/Office

18. Please provide the names of suggested evaluations committee member:  
(NOTE: Committee members should not be direct reports.)

_____	_____
_____	_____
_____	_____

19. Please provide any specific vendor(s) to be included in the notification of these solicitations.

\_\_\_\_\_

To be completed by Procurement Services Division upon award recommendation

Advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched

Search Results

_____	_____
_____	_____
_____	_____
_____	_____

*Procurement Service Division use only*

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(As Applicable)

Contact Person's Signature

*Kevin A. Smith*

Supervisor's Signature

*John L. Smith*

Director's Signature

*John L. Smith*

Date

*3/27/15*

Date

*3-31-15*

Date

**APPROVAL (Procurement Service Division Use Only)**

Verified By:	<i>Randy D. Davis</i>	Date	<i>6/16/15</i>
Approved By:	<i>John L. Smith</i>	Date	<i>6-16-15</i>

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