



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

(Use for purchase(s) over \$25,000, when piggybacking off other contracts)

Date 5/7/18

Department/Office 5100/Public Works

Division/Area 5121/ESD

Contract Administrator Charles Lassiter

Title Assistant Director, Public Works

Phone 954-967-4526

Email classiter@hollywoodfl.org

1. Requested Vendor Thompson Consulting Services, LLC Vendor Number N/A

Address 1135 Townpark Avenue, Suite 2101, Lake Mary, FL 32746

Contact Person Jon Hoyle

Title Manager

Phone 407-792-0018

Email jhoyle@thompsoncs.net

2. Contract title requesting to piggyback? Disater Debris Monitoring Services

Awarding Agency City of Fort Lauderdale, FL 33301-1016

Contract Expiration Date 9/6/2019

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). Emergency Disaster Debris Monitoring Services

4. Detailed description of the products/services function and purpose. Disaster Debris Monitoring Services

5. Please explain what process the Department/Office took to verify and/or identify this contract. City of Fort Lauderdale, Disaster Debris Monitoring Services Solicitation #865-11764

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Oder # BPO _____
(As Applicable)

(Revised 08/2015)

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. _____

8. Total estimated annual (fiscal year) cost of requested product/service. \$5,000,000.00

Account Number(s) Hurricane Emergency Acct _____

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.) N/A

Will this require matching funds? ☐ Yes ☒ No

What is the grant source? N/A

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

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at www.sam.gov.

Date of Advanced Search _____

Company Name(s) Searched _____

Search Results _____

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Requisition # R
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(As Applicable)

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.

Contact Person's Signature

Date

5/9/18

Supervisor's Signature

Date

5/9/18

Director's Signature

Date

APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

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(As Applicable)