

OFFICE OF PROCUREMENT SERVICES

DATE:	January 27, 2021 FILE: PR-21-081
TO:	Vivek Galav, Director, Public Utilities
FROM:	Robert Lowery, Procurement Contracts Officer, Procurement Services
SUBJECT:	Blanket Contract Renewal for Sodium Hydroxide - B003132 - Allied Universal Corp.

ISSUE:

The current period of the above contract expires **April 16, 2021**. The contract is renewable for a one (1) year period if it is determined to be in the City's best interest.

EXPLANATION:

Notification of Intent to Renew must be mailed to the vendor thirty (30) calendar days in advance of the contract expiration date. Accordingly, it is requested that you give this matter your immediate attention thereby providing a timely reply to preclude contract expiration.

If you do not want to renew this contract, please explain the reason(s) in a separate memo. Also note that this contract will expire on the date mentioned above and if a new contract is to be established, you must submit bid specifications.

RECOMMENDATION:

Please reply as soon as possible by returning this memo appropriately filled out, signed and dated along with the attached Contract Renewal Evaluation Form.

Date: 2/1/2021

To: Robert Lowery, Procurement Services

The Director recommends the following:

 X
 RENEW the contract under the same terms and conditions. The Budget Account

 Number to be charged is <u>WTP 442.400501.53600.552330.000000.000.000 \$208,000.00</u>

 WWTP 442.400601.53600.552330.000000.000.000 \$105,000.00

____ DO NOT renew this contract. See attached memo explaining the reason(s).

- _____ DO NOT renew this contract. DO NOT prepare a replacement bid (items/services no longer needed).
- x Estimated: annual usage/expenditure is \$313,000.000

By:

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Title: DIRECTOR, PUBLIC UTILIPIES



PROCUREMENT SERVICES DIVISION

Department/Office Contract Renewal Evaluation

Date: 2/1/2021									
Department/Office				Division/Area:4011 Water Treatment Plant					
Contact Person:L	uis Montoya	3		Title:Public Utilities Manager Water Treatment Plant					
Contact phone nu				Contact Email Imontoya@hollywoodfl.org					
Purchase Order/Blanket Purchase Order #: B003132									
Contract Expiration Date:April, 16,2021 Vendor:Allied Universal Corporation Contact Person:Cristhlanne Munguia									
Contact phone nu				Contact Person:Cristhianne Munguia Contact Email:cristym@allieduniversal.com					
Good/Service: Sodium Hydroxide Solicitation #:Co-Op Bid #2018-013 City of Marga									
1. How would you rate the quality of goods/services?									
🕅 Excellent	X Excellent Good] Satisfactory	Poo	or				
2. How would you rate the courteousness vendor's personnel?									
X Excellent	🗌 Goo	d 🗆] Satisfactory	Poor					
With regards to the goods or services provided, how satisfied are you with the following items? (Please check one per category)									
		Excellent	Good	Satisfactory	Poor				
Overall Quality		Excellent	Good	Satisfactory	Poor				
		f = f f	Good 	Satisfactory	Poor				
Overall Quality		Excellent X	Good	Satisfactory	Poor				
Overall Quality Value	tact	Excellent X X	Good	Satisfactory	Poor				
Overall Quality Value Frequency of Cont Responsiveness to	tact o request	Excellent X X X X X	Good						
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Overall Quality Value Frequency of Cont Responsiveness to 4. Are all goods/ser X Yes No	tact o request rvices on the	Excellent X X X X X							
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Overall Quality Value Frequency of Cont Responsiveness to 4. Are all goods/ser X Yes No	tact o request rvices on the	Excellent X X X X X							
Overall Quality Value Frequency of Cont Responsiveness to 4. Are all goods/ser X Yes No If no, please	tact o request rvices on the e explain?	Excellent X X X contract being per		Upon time and r	nanner?				

X Yes No Did not need to contact

If no, please explain?



PROCUREMENT SERVICES DIVISION

Department/Office Contract Renewal Evaluation

6. Has the invoicing been timely, accurate and in accordance with the contract?

X Yes 🗌 No

If no, please explain?

7. Does the Department/Office recommend renewing a contract based upon the available renewal options when the current agreement expires?

X Yes No

If no, please explain?

8. Please state any additional comments about your experience with this vendor and the goods/services provided:

Department/Office Director's Name: _

VWER GAIN Viren herkee

Department/Office Director's Signature:



PROCUREMENT SERVICES DIVISION

Department/Office Contract Renewal Evaluation

Date: 2/2/21									
Department/Office: Public Util	ities		Division/Area: Wastewater						
Contact Person: Coy Mathis		Title: Public Utilities Manager							
Contact phone number: 954-9			Contact Email cmathis@hollywoodfl.org						
Purchase Order/Blanket Purchase Order #: BOO3132									
Contract Expiration Date: 4/25			<u> </u>						
Vendor: Allied Universal Corp			Contact Person: Catherine Guillarmod						
Contact phone number: 305-8		Contact Email:		L					
Good/Service: Supply & Delive		Solicitation #: C		lumber R-2018-					
Hydroxide – Less than a Truck	kioau	013 – City of Ma	rgate						
1. How would you rate the quality of goods/services?									
Excellent Goo	d 🗌	Satisfactory	atisfactory Door						
2. How would you rate the courteousness vendor's personnel?									
Excellent Goo	d Satisfactory Door			r					
3. With regards to the goods or services provided, how satisfied are you with the following items? (Please check one per category)									
	Excellent	Good	Satisfactory	Poor					
Overall Quality	\boxtimes								
Value	\boxtimes								
Frequency of Contact	\boxtimes								
Responsiveness to request	\boxtimes								
4. Are all goods/services on the contract being performed at the agreed upon time and manner? \square Yes \square No									
If no, please explain?									

5. If you contacted the vendor, were all your questions or any issues resolved to your complete satisfaction?

Yes No Did not need to contact

If no, please explain?



PROCUREMENT SERVICES DIVISION

Department/Office Contract Renewal Evaluation

6. Has the invoicing been timely, accurate and in accordance with the contract?

Yes No

If no, please explain?

7. Does the Department/Office recommend renewing a contract based upon the available renewal options when the current agreement expires?

🛛 Yes 🗌 No

If no, please explain?

8. Please state any additional comments about your experience with this vendor and the goods/services provided:

Department/Office Director's Name: <u>Vivek Galav, Director of Public Utilities, P. E.</u>

Department/Office Director's Signature: ______