

EXHIBIT A**PROCUREMENT MANAGEMENT DEPARTMENT****PIGGYBACK/COOPERATIVE PURCHASE REQUEST FORM**

Requesting Department: NMB Water
 Primary Contact Name: Christopher Walker
 Primary Contact E-mail: christopher.walker@citynmb.com
 Secondary Contact Name: Pedro Melo
 Secondary Contact E-mail: pedro.melo@citynmb.com
 Department Phone: 305-948-2967
 Department Fax: _____

Company Name: Shrieve Chemical Company, Inc.
 Contact Name: Chris Burns
 Company Address: 1442 Lake Front Circle Suite 500
The Woodlands, TX 77380
 Company Phone: 281-367-4226
 Company E-mail: cburns@shrieve.com
 Vendor Registration #: 506936

Piggyback Contract Details

Cooperative ☒ / Public Entity ☐

1. Contract Title: ITB No. 2025-016
 - a. Awarding Agency City of Deerfield Beach
 - b. Contract / Solicitation # ITB# 25-016
 - c. Solicitation included? Yes ☐ Awarded Letter included? Yes ☒ Proposal/Quote from Company included? Yes ☐
2. Description of the Scope of Service of This Contract: Furnish and Deliver Sulfuric Acid 93% for Water Treatment Plant Operations
3. Total Value of Contract: \$ 750,000.00
4. Account Number(s): FY 26 410904-533505 FY 27 410904-533505 - \$825,000.00

Contract Verification Information

5. Were alternative contracts evaluated to determine that the City is obtaining the most advantageous contract pricing for the required product / service? Yes ☒ No ☐
6. 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 the related items? Yes ☐ No ☒
7. 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 sources(s).

Required Documents Checklist

Contract Explanation Memo ☒ Solicitation ☐ Award Letter/Executed Contract ☒
 Proposal/Quote ☐ Renewal Letter ☐ Risk Manager Approved Insurance Certificate ☐

Grant Information (only applicable if grant related purchase)

8. Provide details (expiration dates, special requirements, etc). _____
9. Will this require matching funds? Yes ☐ No ☐
10. Grant source? _____ Grant (dollar) amount? _____
11. Complete an advanced search of the vendor recommended for award on the federal governments System for Award Management at www.sam.gov. Attach a copy of the results.

Approved

Date

Form Prepared By: _____

Department Director: _____

Finance Director: _____

Chief Procurement Officer: _____
(Purchases/Contract up to \$25,000.00)

City Manager: _____
(Purchases/Contracts up to \$50,000.00)

Purchases/Contracts exceeding \$50,000.00 will be placed on the next Commission Agenda pending Procurement review

City Commission Meeting Date: _____

Approved Resolution No: _____

3-4.3 Use of Other Governmental Entities' Contracts

Subject to the spending limitations in Section 3-3.14 and upon a determination that the supplies, materials, equipment or contractual services needed by the City are comparable to solicitation procedures substantially equivalent to the requirements of the North Miami Beach Purchasing Code, the Purchasing Agent may procure, without following formal contract procedure, all supplies, materials, equipment and contractual services which are the subject of contracts with the State of Florida, 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; provided, however, that this section shall apply only if (i) the supplies, materials, equipment or contractual services are the subject of a price schedule negotiated by the State of Florida or the United States government, or (ii) the supplies, materials, equipment or contractual services are the subject of a contract with another governmental entity or a corporation not for profit whose members are governmental entities, public officers, or any combination thereof, which contract is based strictly on competitive bids or competitive proposals and not on any preference.



TO: City Manager

VIA: Chief Procurement Officer

FROM: Hamid Nikvan
Director

Director/ Public Utilities
Title/Department

Signature

08/29/2025

Date

RE: Contract Allocation for FY26 for Sulfuric Acid 93% for Water Treatment Plant Operations

Fiscal Amount not to Exceed: \$ 750,000.00

Vendor # 506936

Purpose (How does it align with City NMB Strategic Plan?):

In keeping with the City of NMB's Strategic Plan mission to provide a safe environment for residents and visitors, while being fiscally responsible, a request is being made to establish an agreement with Shrieve Chemical Company for the supply and delivery of 93% sulfuric acid.

Background:

Sulfuric acid is used as a pretreatment to lower the pH of feed water, reducing the risk of mineral precipitation on the reverse osmosis membranes. It is essential for the operation of the water plant. This pretreatment is a critical component of the reverse osmosis system, and damage to it can result in reduced output, poor water quality, and increased production costs.

Recommendation:

Approval.

Fiscal Impact / Account Number(s):

Fiscal Impact: \$750,000.00 / Account Number: 410904-533505

Finance Director: _____

Date _____

Chief Procurement Officer: _____
(Purchases/Contract up to \$25,000.00)

Date _____

City Manager: _____
(Purchases/Contracts up to \$50,000.00)

Date _____

**PIGGYBACK/COOPERATIVE PURCHASE REQUEST FORM**

Requesting Department: NMB Water
 Primary Contact Name: Christopher Walker
 Primary Contact E-mail: christopher.walker@citynmb.com
 Secondary Contact Name: Pedro Melo
 Secondary Contact E-mail: pedro.melo@citynmb.com
 Department Phone: 305-948-2967
 Department Fax: _____

Company Name: Interacid North America
 Contact Name: Katie Bain
 Company Address: 10210 Highland Manor Drive
Suite 140, Tampa, FL 33610
 Company Phone: _____
 Company E-mail: AR@Interacidna.com
 Vendor Registration #: 526371

Piggyback Contract Details

Cooperative ☒ / Public Entity ☐

1. Contract Title: ITB No. 2025-016
 - a. Awarding Agency City of Deerfield Beach
 - b. Contract / Solicitation # ITB# 25-016
 - c. Solicitation included? Yes ☐ Awarded Letter included? Yes ☒ Proposal/Quote from Company included? Yes ☐
2. Description of the Scope of Service of This Contract: Furnish and Deliver Sulfuric Acid 93% for Water Treatment Plant Operations
3. Total Value of Contract: \$ 25,000.00
4. Account Number(s): FY 26 410904-533505 FY _____

Contract Verification Information

5. Were alternative contracts evaluated to determine that the City is obtaining the most advantageous contract pricing for the required product / service? Yes ☐ No ☒
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7. 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 sources(s).

Required Documents Checklist

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Approved

Date

Form Prepared By: _____

Department Director: _____

Finance Director: _____

Chief Procurement Officer: _____
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TO: City Manager

VIA: Chief Procurement Officer

FROM: Hamid Nikvan
Director

Director/ Public Utilities
Title/Department

Signature

08/29/2025

Date

RE: Contract Allocation for FY26 for Sulfuric Acid 93% for Water Treatment Plant Operations

Fiscal Amount not to Exceed: \$ 25,000.00

Vendor # 526371

Purpose (How does it align with City NMB Strategic Plan?):

In keeping with the City of NMB's Strategic Plan mission to provide a safe environment for residents and visitors, while being fiscally responsible, a request is being made to establish an agreement with Interacid North America for the supply and delivery of 93% sulfuric acid.

Background:

Sulfuric acid is used as a pretreatment to lower the pH of feed water, reducing the risk of mineral precipitation on the reverse osmosis membranes. It is essential for the operation of the water plant. This pretreatment is a critical component of the reverse osmosis system, and damage to it can result in reduced output, poor water quality, and increased production costs.

Recommendation:

Approval.

Fiscal Impact / Account Number(s):

Fiscal Impact: \$25,000.00/Account Number: 410904-533505

Finance Director: _____

Date _____

Chief Procurement Officer: _____
(Purchases/Contract up to \$25,000.00)

Date _____

City Manager: _____
(Purchases/Contracts up to \$50,000.00)

Date _____

Website: _____ FEIN: _____

VENDOR AWARD

Vendor Name: _____
Vendor Address: _____
Contact: _____
Phone: _____ Fax: _____
Cell/Pager: _____ Email Address: _____
Website: _____ FEIN: _____

VENDOR AWARD

Vendor Name: _____
Vendor Address: _____
Contact: _____
Phone: _____ Fax: _____
Cell/Pager: _____ Email Address: _____
Website: _____ FEIN: _____

SECTION #2 AWARD/BACKGROUND INFORMATION

Award Date: _____ Resolution/Agenda Item No.: _____
Insurance Required: Yes _____ No _____
Performance Bond Required: Yes _____ No _____

SECTION #3 LEAD AGENCY

Agency Name: _____
Agency Address: _____
Agency Contact: _____ Email _____
Telephone: _____ Fax: _____