



**CITY OF COOPER CITY
INTERDEPARTMENTAL BUDGET TRANSFER NOTIFICATION**

TO: CITY COMMISSION

VIA: UTILITIES

FROM: CITY MANAGER

DATE:

7/26/2023

Notification of the following transfer of funds is provided for the reasons set forth below:

	FROM	TO
Department	Utilities/(Division)	Utilities/(Division)
Account Description	Contingency	Maintenance of Mech Equip
Account Number	450-950-599000-536	450-931-534460-535
Amount to be Transferred (\$)	\$25,000	\$25,000
Balance Remaining	\$81,761	\$26,221

This Transaction	All Funds Cumulative FY 23 YTD	2.5% Limit Based on FY 23 Adopted Budget
\$25,000	\$266,507.86	\$2,150,867

REASONS/EXPLANATION:

Under the City Manager's Report on 7-25-23, the Commission was advised that both centrifuges at the treatment plant were out of service. As an interim measure, dewatering of the sludge disposal services has been contracted out while the staff explores the possibility of repairing at least one of the centrifuges. Transfer of this requested amount would fund the \$15,503.89 proposal from Alfa Laval, Inc., the original manufacturer of the centrifuges. Due to the specialized nature of the repairs and the limited availability of the technicians, it is necessary to "get in line" for the week of August 14 as the earliest window and hence the emergency [City Code Sec. 2-258 (c)]. Currently, only \$1,200.94 are left in the appropriate line item and other repairs may also be needed, necessitating funding beyond the Alfa Laval, Inc. proposal.

The staff explored the repair options with two other vendors: EES in Lakeland and PSI Technology. EES required the equipment to be dis-assembled and shipped to Wisconsin while PSI didn't have the expertise. Considering that Alfa Laval is the original manufacturer and has provided a sole-source letter, the staff is recommending utilizing the services of Alfa Laval, Inc.

All Funds Cumulative FY23 YTD includes this transaction.

(Please Do Not Write Below This Line)

	APPROVED	DISAPPROVED
Finance		
City Manager		

	NOTIFICATION	
Commission	X	

July 26, 2023

City of Cooper City
9090 SW 50th Place
Cooper City, FL 33328

Attention: George Garba

Ref: Sole Source Procurement (Parts & Labor)
Cooper City Utilities
Cooper City, FL
(1) Alfa Laval PM-38000 Centrifuge
Serial Number: 94-PM38000-66



Alfa Laval Inc.
10470 Deer Trail Drive
Houston, TX 77038
USA
Tel: +1 800-362-9041
Fax: +1 281-449-1324
www.alfalaval.us

Dear Mr. Garba,

Alfa Laval Inc. is the Original Equipment Manufacturer (O.E.M.) of the Centrifuge installed at the City of Cooper City and is the sole source authorized provider for all Original Equipment Manufacturer (O.E.M.) parts and service. There is no distributor or third party company authorized to supply Alfa Laval spare parts, repair or field service.

The use of non OEM spare parts, non OEM maintenance products (i.e. grease, gear oil, etc.), repairs performed by unauthorized shops or on-site service by improperly trained personnel could result in significant damage to the centrifuge. Improper material selection or the use of unsuitable manufacturing methods may create the potential risk of serious damage or personal injury. The owner is hereby advised that it would assume, without limitation, full legal responsibility for any loss, liability, damage or personal injury which may arise as a result of any election by the customer to use non OEM parts or have work performed by unauthorized personnel.

All Parts and Service activities, including sales of spare parts, in-house repairs, maintenance products field service, upgrades, retrofits, training, etc. must be sole source direct with Alfa Laval Inc. There is no representative, distributor or third party company authorized to represent Alfa Laval Inc. Parts and Service municipal business.

As the OEM, Alfa Laval has all the resources to repair the centrifuge to original specifications. Alfa Laval will not warrant repairs performed by anyone other than Alfa Laval. Alfa Laval provides field service, training, technical and sales support to the customer from our offices and/or Repair Centers located in Chesapeake, Virginia, Greenwood, Indiana, Houston, Texas and Fresno, California. All personnel are factory trained and supported through our Richmond, Virginia headquarters.

We realize that this equipment is critical to the operation of your facility. If you have any questions, I can be reached at 1-800-547-7273 or my direct line is 713-906-0505.

Sincerely,

Mark Schlitzkus

Mark Schlitzkus
Regional Manager – Water Separation Sales

Quotation

**Customer**

Cooper City, City Of
9090 SW 50th Pl

Fort Lauderdale, FL 33328-4227
UNITED STATES

Delivery address

City of Cooper City
Attn: Utilities
11791 SW 49 Street
Cooper City, FL 33330-4447
UNITED STATES

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Your reference**Invoice address**

Cooper City, City Of
Don Long
11791 S.W. 49Th Street
Cooper City, FL 33328
UNITED STATES
Our reference

Your reference**Date of request**

07/25/2023

Customer request no

Quote

Quote no

O-230725-00899

Version

1

Your VAT reg no**Goodsmark****Delivery contact****Contact person**

Ryan Anderson

Our reference

Hunter Herndon

Date

07/25/2023

Expiry date

10/31/2023

Payment terms

Net 30 Days

Delivery method

Road Express

Delivery terms (Incoterms 2020*)

DAP - Delivered At Place
Cooper City

Cust no

E1548466

Description

Major Service PM-38000 Serial No. 94-PM38000-066

Delivery dates are best estimates. Where zero days are quoted, items are available ex-stock subject to prior sale.

Assignm. No 1

Ln	Description	Cust Pos/Item	Lead time	Quantity	Net price	Amount
1	SDLP Separation Daily Rate			3.00 PCE	2,000.00	6,000.00
2	L Est. Airfare if needed			1.00 AMT	1,000.00	1,000.00
3	L Travel days			2.00 AMT	2,000.00	4,000.00
4	6123193710 INTERMEDIATE SERVICE KIT		0	1.00 PCE	162.70	162.70
5	6123193730 MAJOR SERVICE KIT		0	1.00 PCE	1,351.16	1,351.16

Alfa Laval Inc. (AL) will process personal data supplied by you for the purpose of enabling AL to perform any contractual obligations towards you and to fulfil AL's statutory obligations. An application by you for information of your personal data registered by us must be made in writing to AL.

The general conditions of sale are according to AL's General Conditions Of Sale if nothing else is stated. An extra copy of these conditions will be sent to you upon request. The goods to be delivered may be subject to export license requirement. AL reserves the right to cancel the order without any liability for damage or loss arising out of or relating to the cancellation in the event such an export license is not granted by competent export control authority.

Attention of the buyer is drawn to the following: Indirect, special and/or consequential damages are excluded from Supplier's liability and Supplier's total liability shall never exceed a maximum cumulative amount equal to 15 % of the contract price.

If the cost of raw materials, supplies and/or transport significantly increases, through no fault of AL, the contract price shall be equitably adjusted by an amount reasonably necessary to cover any such significant increase in such costs.

Should parts of the contract be held to be invalid or otherwise unenforceable in any jurisdiction, any other contract provisions shall not be affected.

Alfa Laval Inc.
5400 Int. Trade Drive
Richmond, VA 23231
United States
Fed. I.D. No.: 13-1681631

Please send remittance to:
P.O. BOX 123227
Dallas, TX 75312-3227

Local sales office
Alfa Laval Inc.
5400 Int. Trade Drive
Richmond, VA 23231
United States

Contact
Tel.: (804) 222-5300
customerservice.richmond@alfalaval.com
www.alfalaval.com

Quotation



Customer
Cooper City, City Of
Cust no
E1548466

Your reference

Quote no
O-230725-00899

Version
1

Customer request no
Quote

Date
07/25/2023

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Assignm. No 1

Ln	Description	Cust Pos/Item	Lead time	VAT	Quantity	Net price	Amount
6	6120979810 INTERMEDIATE KIT		0		1.00 PCE	553.36	553.36
7	6120979830 MAJOR SERVICE KIT		0		1.00 PCE	2,114.38	2,114.38

Major Service PM-38000 Serial No. 94-PM38000-066

This Estimate is Based on the Following:

Full time support from 1-2 of your staff equipped with common hand tools.

All Special tools sold with the machine are readily available

Daily Rate is defined as: This rate is applicable for any time traveling or spent on site up to a maximum of 8 hours, Monday through Friday. This price includes all expenses except airfare, plus a half hour of travel to and from a hotel per day. This price is portal to portal.

This quote is subject to Alfa Laval's attached Terms and Conditions

Access to your maintenance shop.

Access to hoisting equipment and operator if needed

Your staff will work with our technician for lock out / tag out and isolating systems

A safe clean work environment

To schedule this service please provide a formal purchase order to US.FieldService@alfalaval.com. The purchase order should include the following:

Clear statement of scope of service

Accurate bill to and ship to address

Contact information of site contact, including phone number, email or fax

Contact information of your accounts payable department

Contact information for the buyer associated with this project

This quote is subject to Alfa Laval's attached Terms and Conditions.

Item value	15,181.60
Freight	27.64

Alfa Laval Inc.
5400 Int. Trade Drive
Richmond, VA 23231
United States
Fed. I.D. No.: 13-1681631

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Tel.: (804) 222-5300
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Quotation



Customer
Cooper City, City Of
Cust no
E1548466

Your reference

Quote no O-230725-00899	Version 1
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Customer request no
Quote

Date
07/25/2023

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Assignm. No 1

Ln	Description	Cust Pos/Item	Lead time	VAT	Quantity	Net price	Amount
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Sales Tax 294.65

Order total USD 15,503.89

These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred, or otherwise disposed of, to any other country or to any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. government or as otherwise authorized by U.S. law and regulations.

Alfa Laval Inc.
5400 Int. Trade Drive
Richmond, VA 23231
United States
Fed. I.D. No.: 13-1681631

Please send remittance to:
P.O. BOX 123227
Dallas, TX 75312-3227

Local sales office
Alfa Laval Inc.
5400 Int. Trade Drive
Richmond, VA 23231
United States

Contact
Tel.: (804) 222-5300
customerservice.richmond@alfalaval.com
www.alfalaval.com

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Alfa Laval Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 5400 International Trade Drive	Requester's name and address (optional)
6 City, state, and ZIP code Richmond, VA 23231	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
1	3	-	1	6	8	1	6	3 1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

RT Med. D.

Date ► 1/17/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/26/2023

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 Marsh & McLennan Agency LLC 4900 Libbie Mill East Blvd. Suite 100 Richmond VA 23230	CONTACT NAME: Certificates	PHONE (A/C, No, Ext): 804-780-0611	FAX (A/C, No): 804-788-8944
	E-MAIL ADDRESS: macoirequest@marshmma.com		
INSURED Alfa Laval Inc. 5400 International Trade Drive Richmond VA 23231	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Insurance Company of the State of PA		19429
	INSURER B : Hartford Fire Insurance Company		19682
	INSURER C : National Union Fire Ins Co PittsburghPA		19445
	INSURER D : Hartford Underwriters Insurance Company		30104
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 1528717374

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL6634499	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			14ABS41702	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			10736197	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	14WNS41700	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER USL&H / STOP GAP E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Hired Car Physical Damage Limit: \$100,000 per Auto			14ABS41702	1/1/2023	1/1/2024	Comprehensive Collision \$2,000 DED \$2,000 DED

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

City of Cooper City its employees, directors, officers, agents, independent contractors, successors and assigns, and other authorized representatives are included as an additional insured under the General Liability if required by written contract with respect to work performed by the named insured for specifically referenced jobs. The General Liability applies as primary and non-contributory to the additional insured's own liability coverage if required by written contract. A Waiver of Subrogation applies in favor of the Certificate Holder under the General Liability, Automobile Liability, Workers' Compensation & Employers Liability, and Professional Liability if required by written contract. Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include at least 30 days notice of cancellation except for non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

City of Cooper City 9090 SW 50th Place Cooper City FL 33328	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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