



Town of Davie Contract Summary & Routing Form

Requesting Department Information	Vendor Information
Department: Utilities	Vendor: Interacid North America, Inc.
Primary Contact Name: Evelyn Valerio	Contact Name: Brent Shonka
Primary Contact E-Mail: evalerio@davie-fl.gov	Vendor Address: 10210 Highland Manor Drive, Suite 140, Tampa, FL 33610
Secondary Contact Name:	Vendor Phone: 813-225-2000
Secondary Contact E-Mail:	Vendor E-Mail: Bshonka@interacidna.com
Department Phone: 954-327-3768	Vendor #: 10419

Required Information
1.) Type of Agreement: Piggyback If Other, please specify:
2.) What method of procurement is this agreement related to? Method of Procurement: Piggyback Town Contract #: PB-JA-25-53
3.) Is this a Town initiated agreement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Vendor must sign and return Town's Addendum to Contract (found on PowerDMS)
4.) Does this agreement replace an existing contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which Contract? PB-RM-19-42
5.) Briefly Explain the purpose or description of the scope of service of this contract and provide background information: The Utilities department needs a vendor to provide sulfuric acid 93% for the water treatment plant.

6.) Is Insurance Required? Yes No

Submit General Liability, Workers Compensation, and Auto Liability (if Vendor coming on Town property) with Town listed as additional insured and Contract # written in description of operations box. If insurance requirements are waived, please submit written approval from Jose Lugo.

7.) Term of agreement: 3 Years Months Days Other:
Are there extensions? Yes No If Yes, How Many? 3 renewals (1-year period)

8.) Can this agreement be terminated for convenience? Yes No

9.) Total estimated annual value of contract: Over \$65K Paid to: Town Vendor

10.) Is this a Budget Item? Yes No

If Yes, Enter G/L Account: 400.60.145.533-55210

11.) Do Late fees apply? Yes No If Yes, How Much?

12.) Does this solicitation work in conjunction with or will impact any other department/division?
For example: Is this request IT, GIS, or Fleet related? Yes No
If Yes, please have other department/division review documentation and sign below.

Additional Information

Certain forms/steps are required in order for this contract summary & routing form to be processed. These items are listed below.

- Certificate of Insurance (see Question #6)**
- Vendor Invited and Connected on PaymentWorks**
- Addendum to Contract (see Question #3 if applicable)**
- Agreement/Contract containing terms and conditions**

Please complete these steps and submit these forms for processing.

Form Prepared By Signature:	Nathalie Marquez	Digitally signed by Nathalie Marquez Date: 2025.08.05 17:22:48 -04'00'	Date: 08/05/25
Department Director Signature:	Evelyn Valerio	Digitally signed by Evelyn Valerio Date: 2025.09.23 11:53:05 -04'00'	Date: 9/23/2025
Procurement Signature:	Jenna Albers	Digitally signed by Jenna Albers Date: 2025.10.13 13:22:36 -04'00'	Date: 10/13/25
Town Attorney Signature:	Philip Sherwin	Digitally signed by Philip Sherwin Date: 2025.10.13 15:57:13 -04'00'	Date: 10/13/25
Procurement Manager Signature:	Brian K. O'Connor	Digitally signed by Brian K. O'Connor Date: 2025.11.02 17:00:22 -05'00'	Date: 11/2/25
Town Administrator Signature:	Richard J. Lemack	Digitally signed by Richard J. Lemack Date: 2025.12.10 15:51:45 -05'00'	Date: 12/10/25