



## **CITY OF HOLLYWOOD, FLORIDA**

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### **OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE**

#### **Piggyback Request Form**

(Use for purchase(s) over \$5,000, when piggybacking off other contracts)

Date 08/19/2024

Department/Office Information Technology

Division/Area 1345

Requestor Kimberly Vaughan

Title ERP Applications Manager

Phone 954.921.3036

Email kvaughan@hollywoodfl.org

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1. Requested Vendor Mythics, LLC

Vendor Number 103391

Address 4525 Main Street Ste. 1500. Virginia Beach, VA 23462

Contact Person John Chapman

Title Sr. SaaS Solutions Rep

Phone 919-539-2807

Email jchapman@mythics.com

2. Contract title and number requesting to piggyback? Mythics, LLC. Maricopa County 180233- 002

Awarding Agency Mythics LLC

Contract Expiration Date November 30, 2028

Copy of Contract and Awarding Agency documentation is attached (provide if available).

Yes

3. Product/Service being requested (be specific). Oracle Managed Services provided

4. Detailed description of the product/service's function and purpose. Provide managed services to assist with routine support, routine maintenance, and enhancements for all City owned Oracle modules

5. Please explain what process the Department/Office took to verify and/or identify this contract. The vendor (Mythics) pointed out the contract availability. The City has contracted with Mythics for the past two years for same services.

6. Were alternative contracts evaluated to determine that the City is obtaining the most advantageous contract pricing for the required product/service?

Yes

Please explain There was an OMNIA contract available for use, but that had not been awarded to Mythics in the timeframe needed by the City.

7. Total cost of the requested product/service. \$1,829,166.48

8. Total estimated annual (fiscal year) cost of requested product/service. \$457,291.62

Account Number(s)  
557.130101.51900.564420.000000.000.000

9. Is this product/service covered by a warranty?   No

If yes, please attach a copy of the warranty details.

10. Will grant funds be used to pay for the requested product/service?   No

If yes, please explain

**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(s) and recommend its/their approval based on compliance with the City's procurement requirements and all applicable laws and regulations to the best of your knowledge.**

DocuSigned by:  
*Kimberly J. Vaughan*

10/2/2024

Requestor's Signature

Date

DocuSigned by:  
*Rabeen Sheikh*

10/2/2024

Director's Signature

Date