



## Piggyback Checklist

**Contract Number/Name: Florida State Contract-Tires, Tubes, and Services**

**#25172500-19-ACS**

**Services/Supplies to be provided: Tire Purchases and Services-Earl W. Colvard dba Boulevard Tire Center**

**Using Department(s): Public Works – Fleet Maintenance**

ITEMS VERIFIED	YES	NO	COMMENT
Does the piggyback contract allow the utilization of the contract by other entities, including use in the state of FL if it's an out of state contract?	Yes		Florida State Contract #25172500-19-ACS allows use by all governmental entities within the State of Florida. Link Attached.
Was the contract awarded through a solicitation or other acceptable competitive process that was publicly advertised?	Yes		Florida State Contract #25172500-19-ACS Link Attached.
Piggyback Contract is Valid? Contract Expiration Date:	Yes		Expires: 03/31/2024 Attached.
Goods / Services requested by the Using Department(s) match those allowed under the piggyback contract and do not extend beyond the expiration date of the piggyback contract?	Yes		
Does the piggyback contract have acceptable terms and conditions?	Yes		Tires and services are for all Police and General vehicles and equipment only under the contract for governmental agencies.
Did the vendor confirm that the piggyback contract is authorized to be used with the established terms, conditions, and pricing?	Yes		Vendor approves of using the contract.
Is pricing "Fair and Reasonable" in the piggyback contract?	Yes		
Piggyback Contract Certificate(s) of Insurance (COI) is acceptable to the COH's Risk Management?		No	N/A
Piggyback Contract has Warranty Conditions?	Yes		This contract is for the purchasing of tires and services. Warranty is through the Manufacturer.
Piggyback Contract has liquidated damages (if Yes, provide the daily liquidated amount)		No	

[https://www.dms.myflorida.com/business\\_operations/state\\_purchasing/state\\_contracts\\_and\\_agreements/alternate\\_contract\\_source/tires tubes and services](https://www.dms.myflorida.com/business_operations/state_purchasing/state_contracts_and_agreements/alternate_contract_source/tires_tubes_and_services)

**Verified By:** JJW

Joel Wall

**Date:** 1/26/22



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggybacking Request Form

(Use for purchase(s) over \$25,000, when piggybacking off other contracts)

Date: 01/06/22

Department/Office: Public Works

Division/Area: Fleet Maintenance

Contract Administrator: Joel Wall; Peter Bieniek

Title: Fleet Superintendent; Public Work Director

Phone: 954-967-4555; 954-967-4526

Email: [jwall@hollywoodfl.org](mailto:jwall@hollywoodfl.org);  
[pbieniek@hollywoodfl.org](mailto:pbieniek@hollywoodfl.org)

1. Requested Vendor: Boulevard Tire Center

Vendor Number: 30388

Address: 4201 South State Road 7, Davie, Florida 33314

Contact Person: David Drady

Title: Store Manager

Phone: 954-792-7799

Email: [ddrady@boulevardtire.com](mailto:ddrady@boulevardtire.com)

2. Contract title requesting to piggyback?

Awarding Agency: Florida State Contract: Tires Bid Award #25172500-19-ACS

Contract Expiration Date: April 1, 2019 through March 31, 2024

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

[https://www.dms.myflorida.com/business\\_operations/state\\_purchasing/state\\_contracts\\_and\\_agreements/alternate\\_contract\\_source/tires\\_tubes\\_and\\_services](https://www.dms.myflorida.com/business_operations/state_purchasing/state_contracts_and_agreements/alternate_contract_source/tires_tubes_and_services)

3. Product/Service being requested (be specific): Tires required for heavy trucks, equipment and off road City of Hollywood vehicles.

*Procurement Service Division use only*

Requisition # R  
(As Applicable)

Purchase Order # P  
(As Applicable)

Blanket Purchase Order # BPO  
(As Applicable)

4. Detailed description of the products/services function and purpose: Heavy equipment and farm equipment such as tractors, frontend loaders, backhoes and dump trucks etc. require tire replacement services on an as needed basis.

5. Please explain what process the Department/Office took to verify and/or identify this contract: Recommended by the Public Works Department for the best price through the Florida State Contract.

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

☒ Yes ☐ No

Please explain: The tires are available on the Florida State Contract for the best pricing for the Police and General Fleet trucks, equipment and off-road vehicles.

7. Total cost of the requested product/service: \$55,000.00

8. Total estimated annual (fiscal year) cost of requested product/service: \$55,000.00

Account Number(s): 557.510101.51900.546320.000000.000.000 /  
557.510101.51900.552120.000000.000.000 (General); 557.510101.51900.546420.000000.000.000 /  
557.510101.51900.552620.000000.000.000 (Police)

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

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

10. 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 related items?

☐ Yes ☒ No

If yes, please describe the related products/services and estimated cost(s.) \_\_\_\_\_

11. 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 source(s.)  
\_\_\_\_\_

12. Is this a grant related purchase? ☐ Yes ☒ No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) \_\_\_\_\_

Will this require matching funds? ☐ Yes ☒ No

What is the grant source? N/A

What is the grant (dollar) amount? N/A

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched \_\_\_\_\_

Search Results \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 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 and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.**


Joel J. Wall  
Contact Person's Signature

01/06/2022  
Date

  
Supervisor's Signature

1.6.2022  
Date

  
Director's Signature

 1/6/2022  
Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:		Date	
Approved By:		Date	

#### Procurement Service Division use only

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

(Revised 08/2015)

What is the grant source? N/A

What is the grant (dollar) amount? N/A

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched

Search Results

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 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 and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.**

Joel J. Wall

Contact Person's Signature



Supervisor's Signature

1/6/2022

Date



Date

Director's Signature

Date

#### APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched

Search Results

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 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 and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.***

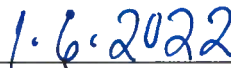
Joel J. Wall

01/06/2022

Contact Person's Signature

Date





Supervisor's Signature

Date

Director's Signature

Date

#### APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/23/2021

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).

<b>PRODUCER</b> FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		<b>CONTACT NAME:</b> CLIENT CONTACT CENTER <b>PHONE (A/C, No. Ext):</b> 888-333-4949 <b>FAX (A/C, No):</b> 507-448-4684 <b>E-MAIL ADDRESS:</b> CLIENTCONTACTCENTER@FEDINS.COM	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> FEDERATED MUTUAL INSURANCE COMPANY	
		<b>NAIC #</b> 13935	
<b>INSURED</b> EARL W COLVARD INC DBA BOULEVARD TIRE CENTER BOULEVARD RETREAD CENTER INC DBA BOULEVARD TIRE SYSTEMS 816 S WOODLAND BLVD DELAND, FL 32720-5969		<b>288-247-0</b>	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 115

REVISION NUMBER: 0

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 INSR	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	Y	N	9904547	04/01/2021	04/01/2022	EACH OCCURRENCE \$1,000,000
	DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000						
	MED EXP (Any one person) EXCLUDED						
	PERSONAL & ADV INJURY \$1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$2,000,000	
						PRODUCTS - COM/PROP AGG \$2,000,000	
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	9904547	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (EA accident) \$1,000,000
	BODILY INJURY (Per person)						
	BODILY INJURY (Per accident)						
	PROPERTY DAMAGE (Per accident)						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	N	N	9904548	04/01/2021	04/01/2022	EACH OCCURRENCE \$7,000,000
	AGGREGATE \$7,000,000						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	N	9904551	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$1,000,000						
	E.L. DISEASE - POLICY LIMIT \$1,000,000						

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

CERT HOLDER IS AN ADDITIONAL INSURED FOR GENERAL LIABILITY.

GARAGEKEEPERS COVERAGE IS PROVIDED ON A LEGAL LIABILITY BASIS WITH A LIMIT OF \$4,070,000 FOR ALL LOCATIONS OPERATED BY THE NAMED INSURED IN THE STATE OF FL.

**CERTIFICATE HOLDER****CANCELLATION**288-247-0  
CITY OF HOLLYWOOD  
1600 S PARK RD  
HOLLYWOOD, FL 33021-8225

115 0

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

*Michael G Ken*

© 1988-2015 ACORD CORPORATION. All rights reserved.