



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 01-28-2019

Department/Office Fire Rescue

Division/Area 215101

Contract Administrator Alexander N. Poli

Title Division Chief of Administration

Phone (954) 967-4248

Email Apoli@hollywoodfl.org

2019 JAN 28 PM 1:34

CITY OF HOLLYWOOD
PROCUREMENT SERVICES
DIVISION

1. Requested Vendor Municipal Emergency Services (MES)

Vendor Number 33321

Address 3789 62 Avenue North
Pinellas Park, FL, 33781

Contact Person Troy Cool

Title Sales Representative

Phone (754) 224-1995

Email Tcool@mesfire.com

2. Contract title requesting to piggyback? 17-0606G

Awarding Agency Lake County, FL

Contract Expiration Date June 30, 2019

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Bunker Gear and accessories

4. Detailed description of the products/services function and purpose. Bunker Gear is the personal protective equipment that is worn while performing firefighting activities. This personal protective equipment is for the safety and well being of firefighters.

Procurement Service Division use only

Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)

5. Please explain what process the Department/Office took to verify and/or identify this contract. This Division contacted other Fire Rescue Departments and this contract was identified as a point of purchase.

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 Yes, This contract provided the Bunker Gear and accessories required.

7. Total cost of the requested product/service. \$90,000

8. Total estimated annual (fiscal year) cost of requested product/service. \$90,000

Account Number(s) 001.215101.52200.552160.

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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.) N/A

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.) N/A

12. Is this a grant related purchase? Yes No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) N/A

Will this require matching funds? Yes No

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.

Date of Advanced Search 01-28-2019

Company Name(s) Searched

Search Results

Municipal Emergency Services, Inc

Active

Procurement Service Division use only

Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)

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 you knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.

 Contact Person's Signature

 Date

[Handwritten Signature]

1-28-19

 Supervisor's Signature

 Date

[Handwritten Signature]

1-28-19

 Director's Signature

 Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:	<i>JS</i>	Date	<i>2/5/19</i>
Approved By:	<i>PAB</i>	Date	<i>2/5/2019</i>

Procurement Service Division use only

Requisition # R _____
 (As Applicable)

Purchase Order # P _____
 (As Applicable)

Blanket Purchase Oder # BPO _____
 (As Applicable)



A NEW WAY TO SIGN IN - If you already have a SAM account, use your SAM email for login.gov. Log In

Login.gov FAQs

- ALERT - June 11, 2018: Entities registering in SAM must submit a notarized letter appointing their authorized Entity Administrator. Read our updated FAQs to learn more about changes to the notarized letter review process and other system improvements.
- ALERT - There may be a delay in data updates between the Small Business Administration (SBA) and SAM. If you notice any issues with your entity's SBA status or trouble on the SBA Supplemental page, please contact the Federal Service Desk.

Search Results

Current Search Terms: municipal emergency services, Inc*

Total records:16

Save PDF Export Results Print

Result Page: 1 2 NEXT

Sort by Relevance Order by Descending

Your search for municipal emergency services, Inc* returned the following results...

Entity MUNICIPAL EMERGENCY SERVICES, INC. Status: Active

DUNS: 829588297 CAGE Code: 5BP98 View Details

Has Active Exclusion?: No DoDAAC:

Expiration Date: 07/10/2019 Debt Subject to Offset?: No

Purpose of Registration: All Awards

Entity MUNICIPAL EMERGENCY SERVICES INC. Status: Active

DUNS: 617591693 CAGE Code: 4BXJ3 View Details

Has Active Exclusion?: No DoDAAC:

Expiration Date: 07/10/2019 Debt Subject to Offset?: No

Purpose of Registration: All Awards

Entity MUNICIPAL EMERGENCY SERVICES, INC. Status: Active

DUNS: 118027411 CAGE Code: 3A8S4 View Details

Has Active Exclusion?: No DoDAAC:

Expiration Date: 07/10/2019 Debt Subject to Offset?: No

Purpose of Registration: All Awards

Entity MUNICIPAL EMERGENCY SERVICES, INC. Status: Active

DUNS: 178619545 CAGE Code: 729J0 View Details

Has Active Exclusion?: No DoDAAC:

Expiration Date: 07/10/2019 Debt Subject to Offset?: No

Purpose of Registration: All Awards

Entity MUNICIPAL EMERGENCY SERVICES INC. Status: Active

DUNS: 874585909 CAGE Code: 4ZX16 View Details

Has Active Exclusion?: No DoDAAC:

Expiration Date: 07/10/2019 Debt Subject to Offset?: No

Purpose of Registration: All Awards

Entity MUNICIPAL EMERGENCY SERVICES INC. Status: Active

View assistance for SAM.gov

DUNS: 118025498
Has Active Exclusion?: No
Expiration Date: 07/10/2019
Purpose of Registration: All Awards

CAGE Code: 3A8P8
DoDAAC:
Debt Subject to Offset?: No

View Details

Entity MUNICIPAL EMERGENCY SERVICES, INC.

Status: Active

DUNS: 969806921
Has Active Exclusion?: No
Expiration Date: 07/10/2019
Purpose of Registration: All Awards

CAGE Code: 6K2V1
DoDAAC:
Debt Subject to Offset?: No

View Details

Entity Municipal Emergency Services, Inc.

Status: Active

DUNS: 556587256
Has Active Exclusion?: No
Expiration Date: 07/12/2019
Purpose of Registration: All Awards

CAGE Code: 3A8Ro
DoDAAC:
Debt Subject to Offset?: No

View Details

Entity Municipal Emergency Services, Inc.

Status: Active

DUNS: 556587249
Has Active Exclusion?: No
Expiration Date: 07/12/2019
Purpose of Registration: All Awards

CAGE Code: 4BC63
DoDAAC:
Debt Subject to Offset?: No

View Details

Entity MUNICIPAL EMERGENCY SERVICES, INC.

Status: Active

DUNS: 118031397
Has Active Exclusion?: No
Expiration Date: 07/10/2019
Purpose of Registration: All Awards

CAGE Code: 3A8W9
DoDAAC:
Debt Subject to Offset?: No

View Details

Result Page: 1 2 NEXT

Save PDF

Export Results

Print



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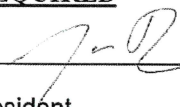
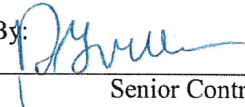
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LAKE COUNTY
FLORIDA

MODIFICATION OF CONTRACT

<p>1. Modification No.: 1 Effective Date: July 1, 2018</p>	<p>2. Contract No.: 17-0606G Effective Date: June 1, 2017</p>
<p>3. Contracting Officer: Donna Villinis, CPPB Telephone Number: (352) 343-9765</p>	<p>5. Contractor Name and Address: Municipal Emergency Services (MES) 3789 62 Ave. North Pinellas Park, Florida 33781 Attn: Jaime Robinson – Regional Vice President</p>
<p>4. Issued By: Procurement Services Lake County Administration Building 315 W. Main St., Suite 441 Tavares, Florida 32778-7800</p>	
<p>6. SPECIAL INSTRUCTIONS: Contractor is required to sign Block 8 showing acceptance of the below written modification and <u>return this form to address shown in Block 4 within ten (10) days after receipt</u>, preferably by certified mail to ensure a system of positive receipts. Retain a photocopy of the signed copy of this modification and attach to original of contract, which was previously provided.</p>	
<p>7. DESCRIPTION OF MODIFICATION: Contract modification to extend for one (1) year expiring June 30, 2019.</p>	
<p>8. Contractor's Signature <u>REQUIRED</u> Name: <u>Jamie Robinson</u>  Title: <u>Regional Vice president</u> Date: <u>1/30/2018</u></p>	<p>9. Lake County, Florida By:  <u>Senior Contracting Officer</u> <u>1-31-18</u> Date</p>
<p>10. Distribution: Original - Bid No. 17-0606G Copies - Contractor Contracting Officer</p>	

FISCAL & ADMINISTRATIVE SERVICES – DIVISION OF PROCUREMENT SERVICES
P.O. BOX 7800 • 315 W. MAIN ST., TAVARES, FL 32778 • P 352.343.9839 • F 352.343.9473
Board of County Commissioners • www.lakecountyfl.gov

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