



CITY OF HOLLYWOOD, FLORIDA

OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE

Piggyback Request Form

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

Date March 26, 2024

Department/Office Public Works

Division/Area Beach Maintenance

Requestor Jacques Pierre-Louis

Title Beach Maintenance Supervisor

Phone 754-256-8880

Email jpierre-louis@hollywoodfl.org

1. Requested Vendor CNH Industrial America LLC

Vendor Number

Address 305 CR 17A AVON PARK, FL, 33825

Contact Person Ken Holowecky

Title Sales Manager

Phone 561-703-2644

Email _____

2. Contract title and number requesting to piggyback? Sourcewell-Agricultural Equipment Contract #082923 CNH-2

Awarding Agency Sourcewell

Contract Expiration Date October 11, 2027

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). NH TS6.120 HC w/Beach Tires

4. Detailed description of the product/service's function and purpose. The New Holland TS6.120 HC w/Beach Tires is required to remove large amounts of seaweed, grooming, and refine the sand and general upkeep of the beach. The tractor will be responsible for the daily maintenance of the beach area, as well as will be needed during emergencies such as storms and hurricanes.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Recommended by Beach staff because of equipment availability and experience with equipment handling. This machine is the best equipped equipment to handle the needs of daily beach maintenance.

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

7. Total cost of the requested product/service. \$122,680.86

8. Total estimated annual (fiscal year) cost of requested product/service. \$122,680.86

Account Number(s) 557.519901.51900.561520.001762.000.000

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

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

10. Will grant funds be used to pay for the requested product/service? ☐ Yes ☒ 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:

RD@HOLLYWOODFL.org

Requestor's Signature

Date

DocuSigned by:

Joseph S Kroll

Director's Signature

Date