



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 May 8, 2023

Department/Office Public Works

Division/Area Beach Maintenance

Requestor Annalie Holmes

Title Assistant Director

Phone 954-967-4563

Email aholmes@hollywoodfl.org

1. Requested Vendor The Peterbilt Store South Florida LLC dba The Peterbilt Store

Vendor Number 102165

Address 2441 South State Road 7, Ft. Lauderdale, FL 33317

Contact Person John Demarco

Title Municipality/Vocational Specialist

Phone 954-745-1775

Email jdemarco@thepetestore.com

2. Contract title and number requesting to piggyback? FSA22-VEH20.0 Item 94

Awarding Agency Florida Sheriffs Association

Contract Expiration Date September 30, 2023

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

Yes No

3. Product/Service being requested (be specific). 2024-537 Peterbilt Cab and Chassis with Heil PF-1000-16 Yard Rear Loader

4. Detailed description of the product/service's function and purpose. This piece of equipment will be used for keeping the beach clean by eliminating seaweed, removing debris, setting up and breaking down of various events, clearing city streets, property, and responding to emergency situations such as hurricanes etc.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Florida Sheriffs Association

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. \$237,645.00

8. Total estimated annual (fiscal year) cost of requested product/service. _____

Account Number(s) 445.529901.53400.564530.000000.000.000 _____

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:
Annalie Holmes
37063709323A4441C

5/11/2023

Requestor's Signature

Date

DocuSigned by:
Joseph S. Keroll
63471CE32C34458

5/15/2023

Director's Signature

Date