



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 10/05/2023

Department/Office Public Utilities

Division/Area PUD

Requestor Jaime Castillo

Title Interim UU Manager

Phone 954 921 2998

Email jcastillo@hollywodfl.org

1. Requested Vendor CASE Power & Equipment of Florida Vendor Number 103847

Address 12601 W. Okeechobee Rd. Hialeah FL 33018

Contact Person Michael Cabrera

Title Governmental Specialist

Phone 786 774 3284

Email:
michael.cabrera@casepowered.com

2. Contract title and number requesting to piggyback? Sourcewell, 202 12th Street Northeast, P.O. Box 219, Staples, MN 56479 (Sourcewell) and CNH Industrial America, LLC, 700 State St., Racine, WI 53404 have entered into Contract #032119-CNH for the procurement of Heavy Construction Equipment with Related Accessories.

Awarding Agency Sourcewell Price List Discounts

Contract Expiration Date May 13, 2024

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

Yes No

3. Product/Service being requested (be specific). Two (2) new 2023 CASE TV3708B T4 Compact Track Loader, a new 2023 CASE CX37C TIER4 Mini Excavator, and two (2) new CASE 590SN 4WD T4 Backhoe Loader.

4. Detailed description of the product/service's function and purpose. Two (2) new 2023 CASE TV3708B T4 Compact Track Loader, a new 2023 CASE CX37C TIER4 Mini Excavator, and two (2) new CASE 590SN 4WD T4 Backhoe Loader for the removal of the water and prevent flooding in the City Hollywood neighborhood.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The Public Works Department recommended this agency to us, which has already been used by them and has very good prices.

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: Sourcewell has been used in the past to demonstrate having very good competitive prices.

7. Total cost of the requested product/service. \$570,183.30

8. Total estimated annual (fiscal year) cost of requested product/service. \$570,183.30

Account Number(s) 442.400201.53600.564531.000000.000.000 and 442.400602.53600.552240.000000.000.000.

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.

Jaime Castilla

12/18/2023

Requestor's Signature

Date

DocuSigned by:

Vincent Morello

12/18/2023

Director's Signature

Date