



## **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 12/05/2023

Department/Office Police

Division/Area Parking

Requestor Natnael Jowahr

Title Superintendent

Phone 954-921-3547

Email njowhar@hollywoodfl.org

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1. Requested Vendor Alan Jay Fleet

Vendor Number 101229

Address 441 US Hwy, 27 North Sebring, FL 33871

Contact Person Ashlee Wilson

Title Fleet Sales

Phone 863-402-4238

Email ashlee.wilson@alanjay.com

2. Contract title and number requesting to piggyback? Sourcwell #091521

Awarding Agency Sourcwell

Contract Expiration Date 11/8/2025

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

☒ Yes: X ☐ No

3. Product/Service being requested (be specific). 2024 Nissan Rogue (3 units)

4. Detailed description of the product/service's function and purpose. The 3 vehicles are necessary to accommodate the growing number of staff for the division as well as cover a broader area.  
86229.0.

5. Please explain what process the Department/Office took to verify and/or identify this contract. After evaluating various contracts and vendors who have vehicles available for order, the Parking Division has concluded that the Sourcwell contract is the most suitable choice for this purchase.

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

☒ Yes: X ☐ No

Please explain Sourcewell contracts, which have undergone competitive bidding, grant the city access to competitive pricing, ultimately saving valuable time and resources during the procurement process.

7. Total cost of the requested product/service. \$264,346.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$264,346.00

Account Number(s) 446.150101.54500.564520.000000.000.000.  
111.219801.52200.564530.000000.000.000 \_\_\_\_\_

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

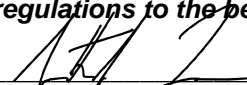
If yes, please attach a copy of the warranty details.

10. Will grant funds be used to pay for the requested product/service? ☐ Yes ☒ No: X

If yes, please explain N/A \_\_\_\_\_


#### 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.***

  
\_\_\_\_\_  
Requestor's Signature

12/05/2023

\_\_\_\_\_  
Date

DocuSigned by:  
  
\_\_\_\_\_  
282618D66F2F451...  
Director's Signature

12/5/2023

\_\_\_\_\_  
Date