



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 9/29/2022

Department/Office Information Technology

Division/Area 1345

Contract Administrator Kimberly Vaughan

Title ERP Applications Manager

Phone 954-921-3036

Email kvaughan@hollywoodfl.org

1. Requested Vendor Mythics, Inc.

Vendor Number 103391

Address 4525 Main Street, Ste. 1500, Virginia Beach, VA 23462

Contact Person John Chapman

Title Sr. SaaS Solutions Rep

Phone (919) 592-2807

Email jchapman@mythics.com

2. Contract title requesting to piggyback? Mythics, Inc. OMNIA Partners Region 4 Contract, R190801

Awarding Agency Mythics, Inc.

Contract Expiration Date 12/31/2024

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Oracle Maintenance & Licensure, plus Managed Services

4. Detailed description of the products/services function and purpose. Oracle SaaS and Technical Licenses for FY23 and FY24. Provide managed services to assist with routine support, routine maintenance and enhancements for all City owned Oracle modules.

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

(Revised 08/2015)

5. Please explain what process the Department/Office took to verify and/or identify this contract. The Department vetted the services of Oracle vendors. Through extensive research, including virtual presentations, the vendor providing the piggyback contract was selected.

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 These services were previously purchased through two different vendors. One vendor supplied the Oracle SaaS and Technical licenses. The other vendor provided Oracle routine support, routine maintenance and enhancements. It was determined that it is more cost effective and beneficial to receive these services from one vendor.

7. Total cost of the requested product/service. \$2,230,184.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$1,130,184.00 Year 1

Account Number(s) 557.130101.51900.564420

334.149901.54100.564420.

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.) _____

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.)

12. Is this a grant related purchase? Yes No

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

Will this require matching funds? Yes No

What is the grant source? _____

What is the grant (dollar) amount? _____

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.

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Date of Advanced Search 8/1/22

Company Name(s) Searched
Mythics, Inc.

Search Results
Active

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 Date

10/19/2022



Director's Signature Date

10/19/22

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Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)