



## **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 02/28/2024

Department/Office Police Department

Division/Area Special Operations

Requestor Josh Czerenda

Title Major

Phone \_\_\_\_\_

Email jczerenda@hollywoodfl.org

---

1. Requested Vendor Blue Line Solutions, LLC

Vendor Number \_\_\_\_\_

Address 3903 Volunteer Dr, Chattanooga, Tennessee, 37416

Contact Person Mark Hutchinson

Title Founder & CEO

Phone 423-333-0490

Email mark@bluelinesolutions.org

2. Contract title and number requesting to piggyback? Automated Speed Enforcement System Agreement

Awarding Agency Wythe County, Virginia

Contract Expiration Date 05/15/2026; auto renewal for two-year periods

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). School zone speed enforcement program including but not limited to equipment, public information campaign, repairs and maintenance, installation, and development services.

4. Detailed description of the product/service's function and purpose. The program is designed to deter drivers from speeding through school zones. The system detects excessive speeds then records of the violation will be reviewed by law enforcement.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The agreement was provided by the vendor.

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 A vendor comparison spreadsheet was created to compare 5 vendors. Wythe County's agreement was deemed the most advantageous to the department based on its cost efficiency and additional services at a lower cost.

7. Total cost of the requested product/service. \$0 balance agreement. The cost of equipment and services is paid through speed violation revenue. In the event the agreement is terminated early, the City will be responsible for the balance of the equipment cost based on the monthly amortized amount.

8. Total estimated annual (fiscal year) cost of requested product/service. \$0 balance contract

Account Number(s) \_\_\_\_\_

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.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date