



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 14, 2024

Department/Office Public Works

Division/Area Fleet Maintenance

Requestor Robert Delorimiere

Title Manager

Phone 954-967-4509

Email rdelorimiere@hollywoodfl.org

1. Requested Vendor Goodyear Tire & Rubber Company Vendor Number _____

Address 200 Innovation Way, Akron, Ohio 44316

Contact Person Kenny Miller

Title Government Sales Manager

Phone 330-796-4352

Email kenneth_miller@goodyear.com

2. Contract title and number requesting to piggyback? Tires, Tubes and Services #24155

Awarding Agency Iowa Department of Administrative Services

Contract Expiration Date June 30, 2027

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Tires, Tubes and Services

4. Detailed description of the product/service's function and purpose. This contract will be used to purchase tires and tire accessories for all City vehicles.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Public Works has searched many procurement sites including OpenGov, DemandStar and Sourcwell to find the best price

and most advantageous agreement to purchase tires. Past experience has lead us back to this contract as it offers for both for the City of Hollywood.

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. \$250,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$250,000.00

Account Number(s) 557.519901.51900.552120.000000.000.000
557.510101.51900.546320.000000.000.000

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.

RD@HOLLYWOODFL.ORG

5/14/2024

Requestor's Signature

Date

DocuSigned by:

Joseph S Kroll

5/14/2024

Director's Signature

Date