



## **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 5/11/2023

Department/Office Information Technology

Division/Area 1345

Requestor Steve Viscardi

Title Assistant IT Director

Phone 954-921-3215

Email sviscardi@hollywoodfl.org

---

1. Requested Vendor SHI International Corp.

Vendor Number 16709

Address 290 Davidson Ave. Somerset NJ 08873

Contact Person Jack Zofcin

Title Inside Account Manager

Phone 800-543-0432

Email Jack\_Zofcin@shi.com

2. Contract title and number requesting to piggyback? OMNIA Partners Contract 2018011-02

Awarding Agency City of Mesa, AZ

Contract Expiration Date 02/28/2025

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

Yes  No

3. Product/Service being requested (be specific). Various hardware and software systems

4. Detailed description of the product/service's function and purpose. Products will be used to maintain the City's technical infrastructure.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Contract was identified by various vendors as a viable purchasing tool.

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 The department of Information Technology did its due diligence to make sure that the City of Hollywood receives the most advantageous contract available.

7. Total cost of the requested product/service. \$250,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$150,000.00

Account Number(s) Funding will be sourced from different departments' operating budget account.

9. Is this product/service covered by a warranty?  Yes  No

If yes, please attach a copy of the warranty details. Warranties will vary per product purchased.

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.**

DocuSigned by:  
  
D12AC4229FE048F...

Requestor's Signature

5/24/2023

Date

DocuSigned by:  
  
43C4F2ED245F4E0...

Director's Signature

5/24/2023

Date