



Piggyback Checklist

Using Department(s): Fire Rescue

Piggyback Contract Number/Name: Florida Sheriffs Association Cooperative Purchasing Program Contract Number FSA23-VEF17.0.

Services/Supplies to be provided: Two (2) 2025 Freightliner M2 Plus Custom Horton Type I Advanced Life Support Ambulances.

Why are Services/Supplies being obtained via piggyback (as opposed to issuing a solicitation or obtaining quotes): The direct price savings offered by this contract is beneficial to the City. It also generates administrative cost savings and expedites the purchasing process.

Procurement Code, Section 38.41(C)(5):

(5) *Piggyback purchases.* The CPO (Chief Procurement Officer) may procure, without following formal solicitation procedures, all goods, supplies, materials, equipment, and services that are the subject of contracts with the state, its political subdivisions, the United States government, other governmental entities, or a corporation not for profit whose members are governmental entities, public officers, or any combination thereof ("piggyback"), provided that the goods, supplies, materials, equipment, or services are the subject of a price schedule negotiated by the entities listed above and is based strictly on competitive bids, quotations, or competitive proposals and not on any preference. Utilization of other governmental entities' contracts shall be permitted only during the term of the other governmental entity's contract.

Piggyback Justification Criteria	YES	NO	COMMENT
Is the piggyback contract's pricing/terms more favorable than pricing/terms we would obtain from issuing our own solicitation or obtaining our own quotes?	Yes		The Advanced Life Support Ambulances were solicited by the Florida Sheriffs Association Cooperative Purchasing Program Contract FSA23-VEF17.0 . If we don't utilize this contract, the City of Hollywood would be paying full price for the apparatuses needed in support of the Operations Division.
Will use of the piggyback contract save City staff administrative time, efforts and resources?	Yes		Leveraging the work that's been done by the lead agency saves time and money. It bypasses protracted steps of negotiations and approvals, workload and processing times.
Will the requested services/supplies be purchased with funds other than grant funds or funds that prohibit the use of piggybacking?	Yes		Grant funds or funds that prohibit the use of piggybacking will not be utilized.

***If you answered no to any of the questions above in this section, please disregard piggybacking the desired services/supplies and terminate any further completion of this form unless otherwise granted administrative approval to piggyback by authorized City Management staff.**

ITEMS VERIFIED	YES	NO	COMMENT
Does the piggyback contract allow the utilization of the contract by other entities, including use in the state of FL if it's an out of state contract?	Yes		Allow use by all government entities.
Was the contract awarded through a solicitation or other acceptable competitive process that was publicly advertised?	Yes		ITB: FSA23-VEF17.0
Piggyback Contract is Valid? Contract Expiration Date:	Yes		March 31, 2025
Goods / Services requested by the Using Department(s) match those allowed under the piggyback contract and do not extend beyond the expiration date of the piggyback contract?	Yes		
Does the piggyback contract have acceptable terms and conditions?	Yes		
Did the vendor confirm that the piggyback contract is authorized to be used with the established terms, conditions, and pricing?	Yes		
Is pricing "Fair and Reasonable" in the piggyback contract?	Yes		
Piggyback Contract Certificate(s) of Insurance (COI) is acceptable to the COH's Risk Management?	Yes		
Piggyback Contract has Warranty Conditions?	Yes		
Piggyback Contract has liquidated damages (if Yes, provide the daily liquidated amount)		No	

Requestor's Signature: _____

Date: 4/2/24

Director's Signature: _____

Date: 4/3/24

CPO Signature: Otis J. Thomas

Date: 04/09/24



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 April 02, 2024

Department/Office Fire Rescue

Division/Area 215101

Requestor Alexander N. Poli

Title Division Chief of Administration

Phone 954-967-4248

Email Apoli@hollywoodfl.org

1. Requested Vendor ETR, LLC

Vendor Number 31315

Address 700 S. French Ave
Sanford, FL, 32771

Contact Person Scott Newcomer

Title Sales

Phone 407-339-6737

Email Snewcomer@etrllc.org

2. Contract title and number requesting to piggyback? FSA23-VEF17.0: Fire & Rescue Vehicles, Boats, & Equipment.

Awarding Agency Florida Sheriffs Association

Contract Expiration Date March 31, 2025

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Two (2) 2025 Freightliner M2 Plus Custom Horton Type I Advanced Life Support Ambulances.

4. Detailed description of the product/service's function and purpose. There are two (2) Advanced Life Support Ambulances that need replacement. These apparatuses are used to respond to medical emergencies and transport patients to the hospital. Advanced Life Support Ambulances should be replaced every seven (7) years.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Several Fire Departments were contacted, and this contract was identified as a point of purchase.

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 This contract provided the best price.

7. Total cost of the requested product/service. \$947,420.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$947,420.00

Account Number(s) 335.219901.52200.564530.001610.000.000.

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

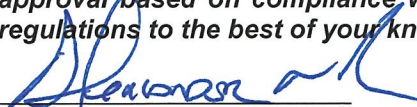
If yes, please attach a copy of the warranty details.

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

If yes, please explain 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

4/2/24
Date


Director's Signature

4/3/24
Date