



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggybacking Request Form

(Use for purchase(s) over \$15,000, when piggybacking off other contracts)

Date 12/10/15

Department/Office Information Technology

Division/Area \_\_\_\_\_

Contact Person Raheem Seecharan

Title Director

Phone x3479

Email rseecharan@hollywoodfl.org

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1. Requested Vendor Plante and Moran

Vendor Number 36052

Address 2700 Northwestern Highway P.O Box 307, Southfield, MI

Contact Person Scott Eiler

Title Partner

Phone 800-544-0203

Email scott.eiler@plantemor.com

2. Contract title requesting to piggyback? City of Columbia Needs Assessment

Awarding Agency City of Columbia

Contract Expiration Date January 2018

Copy of Contract and Awarding Agency documentation is attached.

Yes  No

3. Product/Service being requested (be specific). Professional Services in conducting a needs assessment to generate an RFP for an ERP

4. Detailed description of the products/services function and purpose. The engagement will provide an analysis of the existing systems and software being used in the City and identify needs and future wants for a proposed system as well as assistance in generating an RFP which captures these functional requirements to determine which possible system will be able to fulfill the City's operational needs.

*Procurement Service Division use only*

Requisition # R  
(As Applicable)

Purchase Order # P  
(As Applicable)

Blanket Purchase Order # BPO  
(As Applicable)

(Revised 9/2013)

5. Please explain what process the Department/Office took to verify and/or identify this contract. The procurement department was consulted to determine which vendor had expertise in this specific area on our geographic area, the IT department also referenced feedback from the association of Information Technology professionals in our region, FLGISA, and specifically IT departments / Directors who had experience with this 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 The contract for the City of Ft. Lauderdale was also considered but was rejected in favor of the City of Columbia with more reasonable pricing.

7. Total cost of the requested product/service. 149600

8. Total estimated annual (fiscal year) cost of requested product/service. 149600

Account Number(s) 01.1221.00000.513.003137  
**Services**

**Contractual**

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? \_\_\_\_\_

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(As Applicable)

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](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched

Search Results

\_\_\_\_\_

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**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 and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of you knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.***

\_\_\_\_\_  
Contact Person's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
12/28/15

\_\_\_\_\_  
Date

**APPROVAL (Procurement Service Division Use Only)**

Verified By:		Date	
Approved By:		Date	

*Procurement Service Division use only*

Requisition # R \_\_\_\_\_  
(As Applicable)

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(As Applicable)