



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggyback Request Form

(Use for purchase(s) over \$5,000, when piggybacking off other contracts)

Date 10.20.2022

Department/Office Parks, Recreation & Cultural Arts

Division/Area 309091

Requestor D.Vazquez

Title Assistant Director

Phone 954.921.3404

Email dvazquez@hollywoodfl.org

1. Requested Vendor Playcore Wisconsin, Inc. d/b/a/ GameTime

Vendor Number 103355

Address P.O. Box 520700 Longwood, FL 32752-0700

Contact Person Natalia Cuervo

Title Florida Territory Manager

Phone 786.397.9525

Email Natalia Cuervo@gametime.com

2. Contract title and number requesting to piggyback? Playgrounds and Outdoor Fitness Equipment, Site Accessories, Surfacing, and Related Products and Services – Contract # 2017001134

Awarding Agency City of Charlotte, NC

Contract Expiration Date 06.30.2024

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

Yes No

<https://public.omniapartners.com/suppliers/gametime/contract-documentation#c36098>

3. Product/Service being requested (be specific). Purchase and installation of playground equipment, and safety surfacing.

4. Detailed description of the product/service's function and purpose. As part of the City's ongoing capital improvement program, Emerald Hills Lake Park is scheduled to have the playground replaced. Replacement includes installation of a new playground unit and new safety surfacing.

5. Please explain what process the Department/Office took to verify and/or identify this contract. GameTime representative was contacted for a proposal.

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 PRCA is working with multiple playground vendors on multiple playground replacement capital improvement and general obligation bond projects.

7. Total cost of the requested product/service. \$340,249.63

8. Total estimated annual (fiscal year) cost of requested product/service. \$ 0.00

Account Number(s) 117.309901.57200.563010.001502.000.000 - \$150,000.00
117.309901.57200.563010.001556.000.000 - \$150,000.00
117.309901.57200.563010.001556.000.000 - \$ 40,249.63

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.

D. Vazquez
Requestor's Signature

10/20/22
Date

[Signature]
Director's Signature

10/20/22
Date



Piggyback Checklist

Using Department(s): Department of Parks, Recreation & Cultural Arts

Piggyback Contract Number/Name: Omnia - City of Charlotte, NC - Contract #2017001134

Services/Supplies to be provided: Emerald Hills Lake Park playground replacement

Why are Services/Supplies being obtained via piggyback (as opposed to issuing a solicitation or obtaining quotes): PRCA identified multiple playground vendors to partner with to complete playground related capital improvement projects. Piggybacking a competitively bid RFP awarded to Playcore Wisconsin, Inc. d/b/a GameTime ensures competitive pricing along with the saving of staff resources.

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		Typically competitively bid piggybacks offer fairer terms and pricing due to the large volume in sales. Vendors achieve economies of scale by increasing production. Some of those savings are seen in piggybacked solicitations.
Will use of the piggyback contract save City staff administrative time, efforts and resources?	Yes		Piggybacking eliminates time needed to create, post, evaluate and award a contract. This process naturally reduces staff efforts and resources.
Will the requested services/supplies be purchased with funds other than grant funds or funds that prohibit the use of piggybacking?	Yes		Capital improvement funding

***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		
Was the contract awarded through a solicitation or other acceptable competitive process that was publicly advertised?	Yes		
Piggyback Contract is Valid? Contract Expiration Date:	Yes		7/01/2017 - 6/30/2022 7/01/2022 - 6/30/2024 7/01/2024 - 5/27/2026
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	N/A

Requestor's Signature: 
Date: 10/20/22

Director's Signature: 
Date: 10/20/22

CPO Signature:  FOR STEVE STEWART (CPO)
Date: 10/25/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/05/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. Two Alliance Center 3560 Lenox Road, Suite 2400 Atlanta, GA 30326 Attn: Atlanta.CertRequest@marsh.com / Fax: 212-948-4321 CN102326389-CAS-GAUWX-22-23		CONTACT NAME: Brenda Young-Epps	
		PHONE (A/C, No, Ext): (404) 995 3074	FAX (A/C, No):
		E-MAIL ADDRESS: brenda.youngepps@marsh.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Evanston Insurance Company	35378
		INSURER B : Indemnity Ins Co Of North America	43575
		INSURER C : ACE Property And Casualty Ins Co	20699
		INSURER D : ACE American Insurance Company	22667
		INSURER E : National Union Fire Ins Co. of Pittsburgh PA	19445
		INSURER F : ACE Fire Underwriters Insurance Company	20702
INSURED PlayCore Wisconsin, Inc. Dbm GameTime 150 PlayCore Drive SE Fort Payne, AL 35967			

COVERAGES **CERTIFICATE NUMBER:** ATL-005456438-03 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$250,000 Per Occ. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MKL2PBC001627	08/01/2022	08/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 POLICY AGGREGATE \$ 10,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CAL H10690110	08/01/2022	08/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp./Coll. Ded.: \$1,000 \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		XEUG71549501 004 RETENTION Umb Catastrophe \$25,000	08/01/2022	08/01/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		WLR C50669828 SCF C50669786 SCF C50669713 (See Additional Page.)	08/01/2022 08/01/2022 08/01/2022	08/01/2023 08/01/2023 08/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Excess Umbrella		021908174	08/01/2022	08/01/2023	Each Occurrence 15,000,000 Aggregate 15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: All Jobs
City of Hollywood is listed as additional insured, as their interests may appear, on the General Liability via CG 2010 04/13 and Auto Liability via DA-9u74c, when required by written contract. A Waiver of Subrogation applies in favor of the additional insured on the Workers Compensation policy, when required by written contract.

CERTIFICATE HOLDER City of Hollywood 2600 Hollywood Blvd., Room 212 Hollywood, FL 33020	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. <i>John Whittle</i>
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AGENCY CUSTOMER ID: CN102326389

LOC #: Atlanta



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA, Inc.		NAMED INSURED PlayCore Wisconsin, Inc. Dba GameTime 150 PlayCore Drive SE Fort Payne, AL 35967	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers' Compensation (Continued):

WLR C50669828 - AL,AZ,CA,CO,FL,GA,IL,IN,KY,MI,MN,MO,NV,NY,OK,OR,PA,SC,TN,TX,UT,VA

SCF C50669786 - CA,CO,FL,GA,IL,IN,MI,MN,MO,MT,NC,NM,NV,NY,OK,OR,PA,SC,TN,TX

SCF C50669713- Wisconsin (WI)

David Vazquez

From: Certificate of Insurance
Sent: Tuesday, September 6, 2022 3:12 PM
To: Melissa Fleming; Certificate of Insurance
Cc: David Vazquez
Subject: RE: COI - Game Time
Attachments: City of Hollywood_5456438_PlayCore Wisconsin, Inc..pdf

The COI is acceptable

From: Melissa Fleming <MFLEMING@hollywoodfl.org>
Sent: Tuesday, September 6, 2022 1:59 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: David Vazquez <DVazquez@hollywoodfl.org>
Subject: COI - Game Time

Good afternoon,

Please see attached COI for approval.

Thanks and regards,

Melissa Fleming



**PARKS, RECREATION
& CULTURAL ARTS**

1405 S. 28th Avenue
Hollywood, Florida 33020
Office: 954-921-3404
Faxed: 954-921-3572
mfleming@hollywoodfl.org



Faith & Hope

From: David Vazquez
Sent: Tuesday, September 6, 2022 1:37 PM
To: Melissa Fleming <MFLEMING@hollywoodfl.org>
Subject: RE: Emailing: Please_DocuSign_CM_Memo_Piggyback_JBKPdf_ (1).pdf

Melissa,

As requested. Thanks again.

DV

From: Melissa Fleming
Sent: Thursday, September 1, 2022 3:48 PM
To: David Vazquez <DVazquez@hollywoodfl.org>
Cc: Chris Alvarez <CHALVAREZ@hollywoodfl.org>
Subject: RE: Emailing: Please_DocuSign_CM_Memo_Piggyback_JBKPpdf_(1).pdf

David,

The insurance expired August 2022. Do you have an updated one?

Thanks and regards,

Melissa Fleming



**PARKS, RECREATION
& CULTURAL ARTS**

1405 S. 28th Avenue

Hollywood, Florida 33020

Office: 954-921-3404

Faxed: 954-921-3572

mfleming@hollywoodfl.org



Faith & Hope

-----Original Message-----

From: David Vazquez
Sent: Thursday, September 1, 2022 3:23 PM
To: Melissa Fleming <MFLEMING@hollywoodfl.org>
Cc: Chris Alvarez <CHALVAREZ@hollywoodfl.org>
Subject: Emailing: Please_DocuSign_CM_Memo_Piggyback_JBKPpdf_(1).pdf

Melissa,

Please enter a requisition for the attached. Call me with any inquiries.

DV