



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 March 5, 2024

Department/Office Office of Human Resources

Division/Area Benefits & Wellness

Requestor Sharrice Lane

Title HR Administrator - Benefits

Phone 954-921-3291

Email slane@hollywoodfl.org

1. Requested Vendor Life Extension Clinics, Inc d/b/a Life Scan Wellness Centers Vendor Number 36002

Address 1011 N MacDill Avenue, Tampa, FL 33607

Contact Person Patricia Johnson

Title CEO

Phone 813-876-0625

Email patricia.johnson@lifescanwellness.com

2. Contract title and number requesting to piggyback? Contract Between City of Clearwater and Life Extension Clinics, Inc. RFP#53-23 Employment Related Health Care Services

Awarding Agency City of Clearwater

Contract Expiration Date 12/31/2024

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Life Scan Comprehensive wellness exams

4. Detailed description of the product/service's function and purpose. Health screening services, including comprehensive physical/wellness exams for all full time City of Hollywood employees.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Inquired with the vendor if any piggyback contracts are in place, then confirmed contract with City of Clearwater

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: Human Resources has reviewed alternative vendor services but has yet to identify a vendor that offers a comprehensive wellness exam that includes all the features offered in a life scan.

7. Total cost of the requested product/service. \$520,000

8. Total estimated annual (fiscal year) cost of requested product/service. \$520,000

Account Number(s) 558.112006.51900.591990.000000.000.000

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

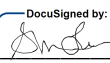
If yes, please attach a copy of the warranty details.

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.

DocuSigned by:

32611364255454
Requestor's Signature

4/8/2024

Date

DocuSigned by:

A009163538A0469...
Director's Signature

4/8/2024

Date