



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 09-24-24

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 Ten-8 Fire Equipment

Vendor Number 05568

Address 2904 59th Avenue Drive East
Bradenton, FL, 34203

Contact Person Jeff Calcutt

Title Sales

Phone 863-585-8301

Email jcalcutt@ten8fire.com

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). A Pierce Impel Top Mount Fire Pumper

4. Detailed description of the product/service's function and purpose. There's a Fire Engine that needs replacement due to age, mileage, wear, and tear. In addition to, there's a manufacturing lead time of approximately three (3) years. This apparatus is used to respond to structure fires and respond to emergencies. Fire Engines should be replaced every ten (10) years.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The Fire Department has done market research, and this contract has been 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. \$1,028,229.06

8. Total estimated annual (fiscal year) cost of requested product/service. \$1,028,229.06

Account Number(s) 335.219901.52200.564520.001263.000.000

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

9/24/24

Date



Director's Signature

9/24/24

Date