



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 June 6, 2023

Department/Office Public Works

Division/Area Fleet Maintenance

Requestor Joseph S. Kroll

Title Director

Phone 954-967-4336

Email jkroll@hollywoodfl.org

1. Requested Vendor The Peterbilt Store South Florida LLC dba The Peterbilt Store

Vendor Number 102165

Address 2441 South State Road 7, Ft. Lauderdale, FL 33317

Contact Person John Demarco

Title Municipality/Vocational Specialist

Phone 954-745-1775

Email jdemarco@thepetestore.com

2. Contract title and number requesting to piggyback? Sourcewell 060920-PMC Class 4-8 Chassis with Related Equipment, Accessories, and Services

Awarding Agency Sourcewell

Contract Expiration Date August 1, 2024

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

Yes No

3. Product/Service being requested (be specific). 2024-548 Peterbilt Cab and Chassis Dump Truck

4. Detailed description of the product/service's function and purpose. This piece of equipment will be used for large debris removal, garbage pickup, and clearing city streets, and responding to emergency situations such as hurricanes etc.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Sourcewell is a State of Minnesota local government agency and service cooperative created under the laws of the State of Minnesota (Minnesota Statutes Section 123A.21) that facilitates a competitive public solicitation and contract award process for the benefit of its 50,000+ participating entities across the United States and Canada.

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 _____

7. Total cost of the requested product/service. \$174,229.00

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

Account Number(s) 557.519901.51900.564520.000120.000.000 _____

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:
Annalie Holmes
300670920AA143E
Requestor's Signature

6/7/2023
Date

DocuSigned by:
Joseph S. Kroll
03471C832C08456
Director's Signature

6/8/2023
Date