



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 11-16-2016

Department/Office Public Works

Division/Area _____

Contact Person Jonathan Vogt

Title Deputy Director

Phone 954-967-4509

Email javogt@hollywoodfl.org

1. Requested Vendor Enterprise FM Trust

Vendor Number 5542/11

Address PO Box 800089 Kansas City, MO 64780-0089

Contact Person Daniel Pacheco

Title Account Manager & Fleet Consul

Phone 954-354-5155

Email Daniel.A.Pacheco@efleets.com

2. Contract title requesting to piggyback? RFP#15-1301-02R Purchase/Lease/Finance Municipal Utility Vehicles

Awarding Agency City of Lauderdale Lakes

Contract Expiration Date June of 2018

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Open End Vehicle Lease for two 7 month terms for 32 GMC Sierra 4x2 Pick-up trucks to be operated in increments of 16 vehicles at a time and swapped out at 7 months

4. Detailed description of the products/services function and purpose. Leasing pick-up trucks for Code Enforcement to replace 16 vehicles that have reached or surpassed their life expectancy and road worthiness by age, mileage and wear and no longer be relied upon to perform at required operational levels.

Procurement Service Division use only

Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)

5. Please explain what process the Department/Office took to verify and/or identify this contract. Vendor identified the competitively procured contract.

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 Not aware of other open end lease contracts available with these terms. The

7. Total cost of the requested product/service. \$105,434.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$52,717.00

Account Number(s) 01.1112.00143.539.001212 ^{\$10K}

01.1112.00143.539.004648 ^{\$30K}

Auction Proceeds (\$16K)

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? _____

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.

Date of Advanced Search _____

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Company Name(s) Searched

Search Results

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 your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.



Contact Person's Signature

11-16-16

Date

Supervisor's Signature

Date



Director's Signature

11-17-16

Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

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(As Applicable)