



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggyback Request Form

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

Date 02/18/2022

Department/Office Information Technology

Division/Area 1345

Requestor Loien Concepcion

Title Administrative Assistant II

Phone 954-921-3556

Email LConcepcion@hollywoodfl.org

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1. Requested Vendor ARC Acquisition US Inc.

Vendor Number 101716

Address 607 E. Sonterra Blvd., Ste 250, San Antonio, TX 78258

Contact Person Patricia Clark

Title Senior Account Manager, South  
Florida Public Sector

Phone 973-558-3788

Email patricia.clark@us.panasonic.com

2. Contract title and number requesting to piggyback? State of Florida Alternate Contract Source No. 43211500-  
WSCA-15-ACS Amendment 5(through State of Minnesota Master Agreement No.: MNWNC-124 .

Awarding Agency State of Florida

Contract Expiration Date 07/31/2022

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Eight Vehicle Mounting Systems and Installation Services

4. Detailed description of the product/service's function and purpose. These items are needed to replace the  
obsolete mounting systems in eight Fire Department reserve vehicles. The new mounting systems are required  
to securely attach the new computer systems in use by the Fire Department.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The Information  
Technology Department identified the vendor and was given the NASPO Contract which is advantageous to the  
City.

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 The I.T. Department did it's due diligence to make sure that the City of Hollywood received the most advantageous contract available.

7. Total cost of the requested product/service. \$ 32,945.34

8. Total estimated annual (fiscal year) cost of requested product/service. \$ 32,945.34

Account Number(s) 557.130101.51900.552150.000000.000.000 \_\_\_\_\_

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

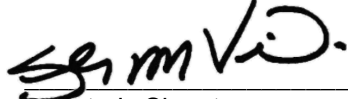
If yes, please attach a copy of the warranty details.

#### 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

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Director's Signature

02/18/2022

\_\_\_\_\_  
Date