



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

(Use for purchase(s) over \$10,000, when piggybacking off other contracts)

Date 01/18/2022

Department/Office Information Technology

1345

Contact Person Loien Concepcion

Title Administrative Assistant II

Phone 954-921-3556

Email Lconcepcion@hollywoodfl.org

1. Requested Vendor AT&T Corp.

Vendor Number 4440/19

Address P.O. Box 6463, Carol Stream, IL 60197-6463

Contact Person Hedges, Elena

Title Account Manager

Phone 1-561-789-3105

Email eh495m@att.com

2. Contract title requesting to piggyback? Contract for Mobile Communication Services Contract Number DMS-19/20-006A

Awarding Agency State of Florida, DMS

Contract Expiration Date 08/03/2026

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). Voice, data and Equipment services over a period of 52 months, beginning in April of 2022.

Procurement Service Division use only

Requisition # R
BPO
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order #
(As Applicable)

4. Detailed description of the products/services function and purpose. Voice/Cellular plans, Data plans for phones, tablets and iPads, Various equipment to be purchased as needed.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Our AT&T rep. was contacted regarding the DMS agreement. Documents were provided to us supporting the validity of the contract. The State of Florida agreement is tied to the original contract the city utilized to purchase AT&T cellular phone minutes.

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. The Procurement Department further confirmed these findings.

7. Total cost of the requested product/service. \$1,083,333.33

8. Total estimated annual (fiscal year) cost of requested product/service \$1,083,333.33

Account Number(s) 557.130101.51900.541022.000000.000.000

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

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

10. 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? _____

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(As Applicable)

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Excluded Parties List System at www.epls.gov.

Date of Advanced Search _____

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

Date

Supervisor's Signature

Date



Director's Signature

2/17/22

Date

APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)