



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 02/01/24

Department/Office Hollywood Police Department

Division/Area Police

Requestor Larry Bornstein

Title Support Services Div Manager

Phone 954-967-4631

Email lbornstein@hollywoodfl.org

1. Requested Vendor Galls, LLC

Vendor Number 05730

Address 1340 Russell Cove Rd / Lexington, KY 40505

Contact Person Billy Devault (Galls)

Title Sales Director

Phone 904-426-8236

Email devault-billy@galls.com

2. Contract title and number requesting to piggyback? Proposal Invitation No. 698-23 – Public Safety and Firehouse Supp/Equip

Awarding Agency Buy Board / Purchasing Cooperative

Contract Expiration Date 03/31/24 (Two one-year extensions)

A copy of the Contract and Awarding Agency documentation is attached (provided if available).

☒ Yes ☐ No

3. Product/Service being requested (be specific). Uniforms

4. Detailed description of the product/service's function and purpose. Provide Uniforms and a Uniform Ordering portal to members of the department who wear uniforms.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Compared to other contracts, this was the best fit for the department.

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 Tampa Police Department contract was evaluated.

7. Total cost of the requested product/service. \$250,000

8. Total estimated annual (fiscal year) cost of requested product/service. \$250,000

Account Number(s) 001.204105.52100.552420.000000.000.000

001.220101.53900.552420.000000.000.000

446.150102.54500.552420.000000.000.000

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

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

10. 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.

Log #375

Requestor's Signature

02/01/24

Date

DocuSigned by:

Jeffrey Devlin

6192380979AC450

Director's Signature

2/7/2024

Date