



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT OFFICE

Piggyback Request Form

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

Date November 14, 2023

Department/Office DCM

Division/Area _____

Requestor Elisa A Iglesias

Title ESS Manager, Architecture

Phone 954-921-3927

Email eiglesias@hollywoodfl.org

1. Requested Vendor AVI-SPL LLC

Vendor Number: 15072

Address 6301 Benjamin Road, Suite 101
Tampa, FL 33634

Contact Person Cindy Turner

Title Government Contract

Phone 813-884-7168

Email cindy.tuner@avispl.com

2. Contract title and number requesting to piggyback? **2019.001535**

Awarding Agency University of California System-wide RFP-Audio Visual Goods and Services

Contract Expiration Date 11/09/2024

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

Yes No

3. Product/Service being requested (be specific). Audio visual equipment and supplies

4. Detailed description of the product/service's function and purpose. New 2nd floor library office audio visual infrastructure that includes equipment cost, engineering, project management, fabrication, installation, commissioning, testing, project management, training, general and administrative expenses, and freight.

5. Please explain what process the Department/Office took to verify and/or identify this contract. OMNIA PARTNERS confirms and issues a compliance letter.

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 use of TIPS was most beneficial to procure AVI-SPL LLC for this scope of work. They are familiar with the City of Hollywood requirements as they also provide audio visual work for other City projects such as the Commission Chambers for CMED and our project will need to efficiently communicate with commission chambers during commission meetings as staff will be housed in this space.

7. Total cost of the requested product/service. \$413,487.15

8. Total estimated annual (fiscal year) cost of requested product/service. \$450,000..

Account Number(s): 334.149901.51900.563010.001285.000.000

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.

Elisa A Iglesias
Requestor's Signature

11/14/2023
Date

DocuSigned by:
[Signature]
Director's Signature

11/15/2023
Date

DocuSigned by:
stewart@hollywoodfl.org
CPO Signature

11/15/2023
Date