



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 7/11/2023

Department/Office Information Technology

Division/Area 1345

Requestor Loien Conception

Title Administrative Assistant II

Phone 954-921-3556

Email lconception@hollywoodfl.org

1. Requested Vendor Insight Public Sector, Inc.

Vendor Number 24394

Address 2701 E. Insight Way Chandler, AZ 85286

Contact Person Ricardo Pryor

Title Regional Account Executive

Phone 480-409-6992

Email ricardo.pryor@insight.com

2. Contract title and number requesting to piggyback? OMNIA Partners IT Products & Services # 23-6692-03

Awarding Agency Cobb County, GA

Contract Expiration Date 4/30/2026

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

Yes No

3. Product/Service being requested (be specific). Various technical equipment and software to replace obsolete equipment, improve operations and processing capacity, and enhanced cyber-security efforts.

4. Detailed description of the product/service's function and purpose. Improve City processes and efficiencies.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The I.T. Department did its due diligence to make sure that the City of Hollywood received the most advantageous contract available. The Procurement Department further confirmed these findings.

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 its 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. \$500,000

8. Total estimated annual (fiscal year) cost of requested product/service. \$200,000

Account Number(s) 557.130101.51900.531170.000000.000.000
557.130101.51900.546340.000000.000.000
557.130101.51900.546341.000000.000.000
557.130101.51900.552150.000000.000.000
557.130101.51900.564410.000000.000.000

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 _____

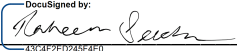
REQUESTING DEPARTMENT RECOMMENDATION

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.

DocuSigned by:

Requestor's Signature

7/27/2023
Date

DocuSigned by:

Director's Signature

7/27/2023
Date