



## **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 January 8, 2024

Department/Office Public Works

Division/Area Fleet

Requestor Annalie Holmes

Title Assistant Director

Phone 4563

Email aholmes@hollywoodfl.org

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1. Requested Vendor The Peterbilt Store

Vendor Number 102165

Address 2441 S. State Rd 7, Fort Lauderdale, FL 33317

Contact Person Frank Lopez

Title Truck Sales Representative

Phone 954-584-3200

Email flopez@thepetestore.com

2. Contract title and number requesting to piggyback? Florida Sheriff's Association FSA23-VEH21.0: Heavy Trucks and Buses

Awarding Agency Florida Sheriff's Association

Contract Expiration Date September 30, 2024

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). 2025 Peterbilt 537 Cab and Chassis Grapple Truck

4. Detailed description of the product/service's function and purpose. The 2025 Peterbilt 537 Cab and Chassis Grapple Truck for loading and transporting bulky waste, construction materials, fallen trees, and other items with their hydraulic arm. It will be used for post-storm cleanup as grapple trucks clear debris quickly, significantly reducing labor-intensive and time-consuming manual efforts

5. Please explain what process the Department/Office took to verify and/or identify this contract. Public Works contacted the Florida Sheriff's Association to review its contract for Heavy Trucks and Buses.

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 Pete Store stated they do not offer any better price for this vehicle and told us to use the FSA contract to get this price.

7. Total cost of the requested product/service. \$248,195.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$248,195.00

Account Number(s) 557.519901.51900.564520.001762.000.000

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.***

1/10/2024

DocuSigned by:

Annalie Holmes

300670833A144E

Requestor's Signature

Date

1/16/2024

DocuSigned by:

Joseph S. Kroll

300670833A144E

Director's Signature

Date