



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 5/11/2023

Department/Office Information Technology

Division/Area 1345

Requestor Steve Viscardi

Title Assistant IT Director

Phone 954-921-3215

Email sviscardi@hollywoodfl.org

1. Requested Vendor T-Mobile USA, Inc.

Vendor Number 33363

Address 12920 SE 38th St. Bellevue, WA 98006

Contact Person Charles Murphy

Title Account Representative

Phone 954-218-1069

Email Charles.murphy56@t-mobile.com

2. Contract title and number requesting to piggyback? NASPO Contract #MA176-1

Awarding Agency State of Utah

Contract Expiration Date 08/11/2024

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

Yes No

3. Product/Service being requested (be specific). T-Mobile cellular minutes, data plan services, products, and other related equipment.

4. Detailed description of the product/service's function and purpose. Products and services will be used to provide cellular communications for City staff.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Contract was identified by vendors as a viable purchasing tool.

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 department of Information Technology did its due diligence to make sure that the City of Hollywood receives the most advantageous contract available.

7. Total cost of the requested product/service. \$140,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$120,000.00

Account Number(s) This will be sourced from different departments' operating budget account.

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

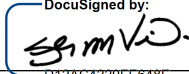
If yes, please attach a copy of the warranty details. Warranty will vary per product purchased.

10. Will grant funds be used to pay for the requested product/service? Yes No

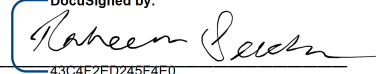
If yes, please explain _____

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:

D12AC4229FE648F...
Requestor's Signature

5/24/2023
Date

DocuSigned by:

43C4F2ED245F4E0...
Director's Signature

5/24/2023
Date