



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggyback Request Form

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

Date 12-21-21

Department/Office Fire Rescue

Division/Area 215101

Requestor Alexander N. Poli

Title Division Chief of Administration

Phone 954-967-4248

Email Apoli@hollywoodfl.org

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1. Requested Vendor Municipal Equipment Company

Vendor Number 32188

Address 2049 West Central Blvd  
Orlando, FL, 32805

Contact Person Joe Fox

Title Sales Coordinator

Phone 800-228-8448

Email joefox@mecofire.com

2. Contract title and number requesting to piggyback? 17-0606H

Awarding Agency Lake County, Florida

Contract Expiration Date June 30, 2022

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Bunker Gear/Personal Protective Equipment and Accessories

4. Detailed description of the product/service's function and purpose. Bunker Gear/Personal Protective Equipment is utilized by firefighters during firefighting activities. We're requesting to increase the Blanket Purchase Agreement in order to purchase additional Personal Protective Equipment (Bunker Gear), Fire Helmets, Fire Hoods, Fire Boots, and other miscellaneous items for our existing firefighters and the SAFER Grant firefighters from Municipal Equipment Company.

5. Please explain what process the Department/Office took to verify and/or identify this contract. This Division contacted other Fire Rescue Departments and this contract by Lake County, FL was identified as a point of purchase.

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 Yes, This contract provided the best price for the purchase.

7. Total cost of the requested product/service. \$265,000

8. Total estimated annual (fiscal year) cost of requested product/service. \$265,000

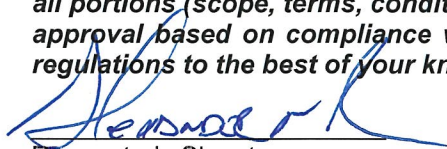
Account Number(s) 001.215101.52200.552160.000000.000.000,  
334.219901.52200.564531.001354.000.000, 335.219901.52200.552160.001425.000.000 and  
111.219801.52200.564530.000000.000.000.

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

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

#### 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.***

  
Requestor's Signature

12.21.21  
Date

  
Director's Signature

12/21/21  
Date