



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggybacking Request Form

(Use for purchase(s) when piggybacking off other contracts)

Date 06-20-2018

Department/Office Fire Rescue

Division/Area 2151

Contract Administrator Alexander N. Poli

Title Division Chief of Administration

Phone (954) 967-4248

Email Apoli@hollywoodfl.org

1. Requested Vendor Strobes-R-Us

Vendor Number \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Contract title requesting to piggyback? 18006AG

Awarding Agency Broward Sheriff's Office

Contract Expiration Date 05-10-2021

Copy of Contract and Awarding Agency documentation is attached.

☐ Yes ☒ No

3. Product/Service being requested (be specific). Supply of emergency and related equipment for Fire Rescue vehicles.

4. Detailed description of the products/services function and purpose. Supply of emergency and related equipment for Fire Rescue vehicles.

#### Procurement Service Division use only

Requisition # R  
(As Applicable)

Purchase Order # P  
(As Applicable)

Blanket Purchase Order # BPO  
(As Applicable)

5. Please explain what process the Department/Office took to verify and/or identify this contract. This contract was identified by the Procurement Services Department.

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: This contract was identified by the Procurement Services Department.

7. Total cost of the requested product/service. \$5,000.<sup>00</sup>  
~~\$7,000.00~~

8. Total estimated annual (fiscal year) cost of requested product/service \$5,000.<sup>00</sup>  
~~\$7,000.00~~

Account Number(s) 01.2151.00000.522.005212

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

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

10. Would this purchase(s) result in the potential of future purchases for related products/services being restricted to a particular vendor or create a specific vendor as sole source provider for related items?

☐ Yes ☒ No

If yes, please describe the related products/services and estimated cost(s.) N/A

11. Would this purchase(s) result in any future maintenance costs which are not included in the initial purchase?

☐ Yes ☒ No

If yes, please attach a draft maintenance plan which includes cost estimates and funding source(s.) N/A

12. Is this a grant related purchase? ☐ Yes ☒ No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) N/A

Will this require matching funds? ☐ Yes ☒ No

What is the grant source? N/A

What is the grant (dollar) amount? N/A

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search 06-20-2018

Company Name(s) Searched  
Argo Uniform Company

Search Results  
Active

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 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 and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of your knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.**

Contact Person's Signature

Date

Supervisor's Signature

Date

Director's Signature

Date

### APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # BPO \_\_\_\_\_  
(As Applicable)

Username

Password

[Log In](#)[Forgot Username?](#)[Forgot Password?](#)[Create an Account](#)

ALERT - June 11, 2018: Entities registering in SAM must submit a [notarized letter](#) appointing their authorized Entity Administrator. Read our [updated FAQs](#) to learn more about changes to the notarized letter review process and other system improvements coming in June.

# Search Results

## Current Search Terms: strobes-r-us

Your search for ""strobes-r-us"" returned the following results...

**Notice:** This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

Entity

Strobes-R-Us, Inc.

Status: Active (+)

DUNS: 112058719

CAGE Code: 4HHN0

[View Details](#)

Has Active Exclusion?: No

DoDAAC:

Expiration Date: 12/11/2018

Debt Subject to Offset? No

Purpose of Registration: All Awards

[Search Records](#)[Data Access](#)[Check Status](#)[About](#)[Help](#)[Disclaimers](#)[Accessibility](#)[Privacy Policy](#)[FAPIS.gov](#)[GSA.gov/IAE](#)[GSA.gov](#)[USA.gov](#)

IBM v1.P.13.20180427-1347

WWW6

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