



## **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 03/25/2024

Department/Office Information Technology

Division/Area 1345

Requestor Steve Viscardi

Title Assistant Director

Phone 954.921.3215

Email sviscardi@hollywoodfl.org

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1. Requested Vendor Dell Marketing LP

Vendor Number 28233

Address One Dell Way, MALL Stop 8726, Round Rock, TX 78682

Contact Person Christian Olson

Title Account Rep.

Phone 800.456.3355, 6180560

Email Christian\_Olson@Dell.com

2. Contract title and number requesting to piggyback? Computer Equipment, Peripherals, and Related Services 43210000-23-NASPO-ACS

Awarding Agency State of Florida

Contract Expiration Date 06/30/2025

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Various personal computers and peripherals

4. Detailed description of the product/service's function and purpose. Equipment will be used to replace obsolete equipment

5. Please explain what process the Department/Office took to verify and/or identify this contract. These products are available both on and off the NASPO contract. However, pricing from off-contract vendors were not as competitive.

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 it's due diligence to make sure that the City of Hollywood received the most advantageous contract available.

7. Total cost of the requested product/service. \$300,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$300,000.00

Account Number(s) 557.130101.51900.552150.000000.000.000 Various other City department accounts

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

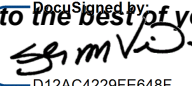
If yes, please attach a copy of the warranty details.

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:  
  
D12AC4229FE648F...

4/4/2024

Requestor's Signature

Date

DocuSigned by:  
  
43C4F2ED245F4E0...

4/4/2024

Director's Signature

Date