



CITY OF HOLLYWOOD, FLORIDA

CITY OF HOLLYWOOD
PROCUREMENT SERVICES
DIVISION

PROCUREMENT SERVICES DIVISION

2014 DEC 11 AM 9:24

Piggybacking Request Form

(Use for purchase(s) over \$15,000, when piggybacking off other contracts)

Date 12/09/2014

Department/Office Fire Rescue

Division/Area Logistic

Contact Person Joel Medina

Title Division Chief

Phone 954.967.4248

Email Jamedina@hollywoodfl.org

1. Requested Vendor Kronos Inc.

Vendor Number 10202

Address 297 Billerica Road, Chelmsford, Ma 01824

Contact Person Tammy Parker

Title Account Exec.

Phone 954.270.9292

Email Tammy.Parker@kronos.com

2. Contract title requesting to piggyback? Workforce Management Systems, Kronos Inc.

Awarding Agency Hartford County Public Schools, Maryland

Contract Expiration Date March, 17, 2017

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). Workforce TeleStaff

4. Detailed description of the products/services function and purpose. Kronos® Workforce TeleStaff™ is an automated public safety scheduling solution that's part of the Kronos Workforce Central® suite. A comprehensive workforce management platform. A time-tested, proven scheduling solution, Workforce TeleStaff optimizes the scheduling, communications, and deployment of Fire and EMS employees.

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P 206010
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

(Revised 9/2013)

All of this leads to: improved workforce productivity, controlled labor costs, and better compliance with union rules, labor laws, and other department policies.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Verified through US Communities

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 I evaluated GSA schedules and other county and municipal contracts. I found this option offers the most favorable pricing.

7. Total cost of the requested product/service. \$73,665.00 74,430.00 P

8. Total estimated annual (fiscal year) cost of requested product/service. See attached

Account Number(s) 11. 2100.99160.522.006453 57.1347.00000.590.004633
(159,430.00) (15,000.00) (P)

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.) See attached

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.) See attached

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

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

Will this require matching funds? ☐ Yes ☐ No

What is the grant source? _____

What is the grant (dollar) amount? _____

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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.

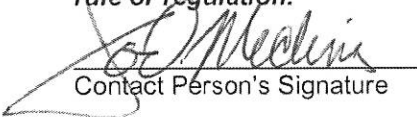
Date of Advanced Search 12.09.2014

Company Name(s) Searched
Kronos

Search Results

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

12-9-2014
Date


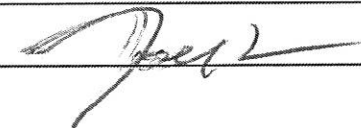
Supervisor's Signature

_____ Date


Director's Signature

12-9-14
Date

APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	<u>2/10/15</u>
Approved By:		Date	<u>2-12-15</u>

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