



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 4/3/2024

Department/Office Information Technology

Division/Area 1345

Requestor Steve Viscardi

Title Assistant Director

Phone 954.921.3215

Email sviscardi@hollywoodfl.org

1. Requested Vendor State of Florida/DMS

Vendor Number 100232

Address 4950 Esplandade Way, Suite 270, Tallahassee, FL 32399

Contact Person Al Quiros

Title Telecommunications Systems
Consultant

Phone 941.373.7599

Email Al.Quiros@dms.fl.gov

2. Contract title and number requesting to piggyback? Suncom Communications Services DMS-17/18-004D

Awarding Agency State of Florida – Department of Management Services

Contract Expiration Date 07/16/2025

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Telecommunication services including dial tone, 911 and Contact Center system.

4. Detailed description of the product/service's function and purpose. Provide telephone service for all City departments.

5. Please explain what process the Department/Office took to verify and/or identify this contract. City is using various services from DMS. Contract was researched through the State's website.

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 Services were compared to other similar services provided by other vendors.

7. Total cost of the requested product/service. \$659,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$407,000.00

Account Number(s) 557.130101.51900.541021.000000.000.000
557.130101.51900.531170.000000.000.000

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

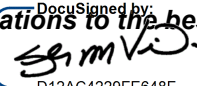
If yes, please attach a copy of the warranty details.

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...
 Requestor's Signature

4/4/2024

Date

DocuSigned by:

 43C4F2ED245F4E0...
 Director's Signature

4/4/2024

Date