

CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

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

Date <u>11/15/21</u>					
Department/Office PRCA	Division/Area Administration				
Requestor Joaquin Arellano	Title Park Manager				
Phone <u>954.921.3404</u>	Email jarellano@hollywoodfl.org				
Requested Vendor <u>ActiveNet</u>	Vendor Number				
Address 717 North Harwood Street Suite 2500, Dallas T	X 75201				
Contact Person Chrissie Campana	Title Account Executive				
Phone <u>330.906.1095</u>	Email Chrissie.Campana@activenetwork.com				
2. Contract title and number requesting to piggyback? City of Software Agreement Contract # 001188811	of San Rafael, California- Recreation Program				
Awarding Agency City of San Rafael, California					
Contract Expiration Date March 18, 2024					
Copy of Contract and Awarding Agency documenta	ation is attached (provide if available). ⊠ Yes □ No				
3. Product/Service being requested (be specific). Recreation	n Management Software Solution				
4. Detailed description of the product/service's function and	purpose. Management the Departments				

reviewed 5 other solutions and determined the ActiveNet provided the best solutions that met departments needs. Department spoke with other cities who also provided recommendations. Worked with vendor to find a contract with another municipality which has similar needs and fell within the same annual revenue threshold.

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

programming and revenue, registrations, attendance tracking, facility rentals, memberships, reporting,

transaction processing, online accessibility and point of sale.

6. Were alternative contracts evaluated to determine the pricing for the required product/service?	hat the City is obtaining the most advantageous contract ☑ Yes ☐ No				
Please explain					
7. Total cost of the requested product/service. \$106,20	00.00				
8. Total estimated annual (fiscal year) cost of requeste	ed product/service. <u>\$33,000.00 + (\$55K Revenue)</u>				
Account Number(s)	334-309903-57200-564420-001277-000-000				
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 Date Director's Signature Date					



Piggyback Checklist

Contract Number/Name: City of San Rafael, California- Recreation Program Software Agreement Contract # 001188811

Services/Supplies to be provided: Recreation Management Software solution

Using Department(s): Department of Parks, Recreation & Cultural Arts

YES	NO	COMMENT		
Yes				
Yes				
Yes		Expires: March 18, 2024		
Yes				
Yes				
Yes		Vendor Letter included		
Yes				
Yes				
Yes				
Yes		Annual projected contract value		
	Yes	Yes		

Verified By:

Date: