

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 5/11/2023

Department/Office Information Technology

Requestor Steve Viscardi

Phone <u>954-921-3215</u>

Division/Area 1345

Title Assistant IT Director

Email sviscardi@hollywoodfl.org

1. Requested Vendor CDW-G

Vendor Number <u>12427</u>

Address 230N Milwaukee Ave., Venon Hills, IL 60061

Contact Person Matthew Leone

Phone <u>866-465-9848</u>

Title <u>Account Manager</u> Email <u>matleon@cdwg.com</u>

2. Contract title and number requesting to piggyback? Sourcewell 081419-CDW

Awarding Agency State of Minnesota

Contract Expiration Date 10/30/2024

Copy of Contract and Awarding Agency documentation is attached (provide if available). \square Yes \square No

3. Product/Service being requested (be specific). <u>Various hardware and software systems</u>

4. Detailed description of the product/service's function and purpose. <u>Products will be used to maintain the City's</u> technical infrastructure.

5. Please explain what process the Department/Office took to verify and/or identify this contract. <u>Contract was</u> identified by various vendors as a viable purchasing tool.

(Revised 4/2023)

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 <u>The department of Information Technology did its due diligence to make sure that the</u> <u>City of Hollywood receives the most advantageous contract available.</u>

7. Total cost of the requested product/service. \$400,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$400,000.00

Account Number(s) It will come from different departments' operating budget accounts

9. Is this product/service covered by a warranty? \Box Yes \boxtimes No

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

10. Will grant funds be used to pay for the requested product/service? \Box Yes \boxtimes No

If yes, please explain N/A

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

DocuSigned by: Seich

Director's Signature

5/24/2023 Date 5/24/2023

Date