



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 02/11/15

Department/Office Financial Services

Division/Area Treasury

Contact Person Shawn Burgess

Title Treasury, Div Dir

Phone 954-921-3232

Email sburgess@hollywoodfl.org

1. Requested Vendor Wells Fargo Bank, N.A.

Vendor Number 32181

Address 200 S Biscayne Blvd, Miami, FL 33131

Contact Person Lance Aylsworth

Title VP, Relationship Manager

Phone 305-789-4824

Email lance.aylsworth@wellsfargo.com

2. Contract title requesting to piggyback? Banking, Safekeeping and Lockbox Services: Contract # (11) C-22-A

Awarding Agency City of Sunrise

Contract Expiration Date 07/31/2017

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). Banking, Safekeeping and Lockbox Services

4. Detailed description of the products/services function and purpose. All operational banking services including Deposit Processing, Payment Processing, Wire Transfers, ACH, Ebox, Lockbox, EFT/Bank Draft, Account Reconciliation and Safekeeping Services for Agency Bond Purchases.

Procurement Service Division use only

Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)

5. Please explain what process the Department/Office took to verify and/or identify this contract. City of Hollywood Treasury Division requested a copy of recent RFP awards from Wells Fargo Bank and also spoke with the City of Sunrise's Treasurer about their contract and learned that the City of Margate also used their contract as a piggyback. City of Hollywood Procurement Division reached out to the City of Sunrise Procurement Office for documentation.

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 Evaluated City of Fort Lauderdale and City of Sunrise.

7. Total cost of the requested product/service. \$281,250.00 (27 Mo Term)

8. Total estimated annual (fiscal year) cost of requested product/service. NTE \$125,000

Account Number(s) 81.1224.00000.202.820000

Exp Offset by Int Earned

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.) Only as it relates to specific programming requests involving Wells Fargo bank operations.

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.)

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? _____

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.

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Date of Advanced Search _____

Company Name(s) Searched _____

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.

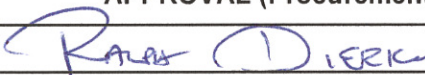
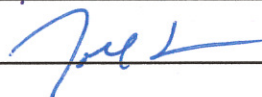

Contact Person's Signature

2/13/15
Date

Supervisor's Signature


Director's Signature

Date
2/17/15
Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:		Date	<u>2/19/15</u>
Approved By:		Date	<u>2-19-15</u>

Procurement Service Division use only

Requisition # R _____
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