



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT OFFICE

### Piggyback Request Form

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

Date 05/03/2023

Department/Office Fire Rescue

Division/Area 215101

Requestor Alexander N. Poli

Title Division Chief

Phone (954) 967-4248

Email Apoli@hollywoodfl.org

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1. Requested Vendor Enterprise Fleet Management

Vendor Number 100110

Address PO Box 800089  
Kansas City, MO, 64180

Contact Person Kat S. Farber

Title Sales

Phone (954) 719-0790

Email: Kat.S.Farber@efleets.com

2. Contract title and number requesting to piggyback? 030122

Awarding Agency Sourcewell

Contract Expiration Date April 18, 2026

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

Yes  No

3. Product/Service being requested (be specific). Fire Rescue & Beach Safety is in need of three (3) leased 2023 RAM 1500 vehicles.

4. Detailed description of the product/service's function and purpose. These vehicles are to be assigned to the Beach Safety Division. These vehicles will be used to launch personal watercraft vehicles such as wave runners at the Beach, patrol the Beach, enforce violations, and respond to emergencies.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Sourcewell completed a Request for Proposals and other City Departments identified this contract as a point of purchasing these services.

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 Yes, this contract provides the best price for the services needed.

7. Total cost of the requested product/service. \$32,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$32,000.00

Account Number(s) 001.215102.52900.540050.000000.000.000 & 111.219801.52200.564530.000000.000.000

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

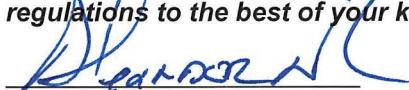
If yes, please attach a copy of the warranty details.

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

If yes, please explain 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

5/3/23  
Date

  
Director's Signature

5.3.23  
Date