



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggyback Request Form

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

Date 02/24/2022

Department/Office Information Technology

Division/Area 1345

Requestor Cathy Demassis-Feller

Title Telecommunications Coordinator

Phone 954-921-3648

Email Cfeller@hollywoodfl.org

1. Requested Vendor Cellco Partnership d/b/a Verizon Wireless

Vendor Number 21065

Address One Verizon Way, Basking Ridge, NJ 07920-1097

Contact Person Rafael Maldonado

Title Account Manager

Phone 904-437-9596

Email
Rafael.Maldonado@verizonwireless.com

2. Contract title and number requesting to piggyback? Mobile Communications Services Contract - DMS-19/20-006C

Awarding Agency State of Florida Department of Management Services

Contract Expiration Date 08/23/2026

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Wireless services

4. Detailed description of the product/service's function and purpose. Voice/Cellular plans, Data plans for phones, tablets and iPads, Various equipment to be purchased as needed.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Contacted Verizon representative who advised that there is a State of Florida agreement in place, Verizon was selected because it provides the most comprehensive coverage when compared to AT&T, and T-mobile as it pertains to the data for the Police laptops..

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 Alternate contracts were reviewed during the initial start of the contract.

7. Total cost of the requested product/service. \$1,690,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$390,000.00

Account Number(s) 557.130101.51900.541022.000000.000.000 _____

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



Director's Signature

Date

03/17/22

Date