



RESCUE TRANSPORT PROPOSAL

Date: July 8, 2019

This Proposal has been prepared for:
City of Hollywood Fire & Rescue
2714 Stirling Road
Hollywood, FL 33312

Hall-Mark RTC is pleased to offer the City of Hollywood (2) 2020 Custom Horton 623 Medium Duty Rescue Transport Vehicles on 2020 Freightliner M2 2-Door Chassis. This vehicle shall be custom built and equipped in accordance with requirements of the City of Hollywood. **Pricing is based on Florida Sheriff's Association Contract FSA Contract FSA18-VEF13.0, Specification #03 Type 1 Ambulance-2 Wheel Drive Medium Duty (Dual Rear Wheel, Cab & Chassis).**

Delivery will be F.O.B. Hollywood, FL and will be approximately 260-280 calendar days after receipt of the order.

The price being quoted to the City of Hollywood for the purchase of the proposed Rescue Transport are the lowest prices offered in fiscal year 2019 to any governmental entity within the State of Florida by REV RTC. This proposal shall expire November 9, 2019 unless extended in writing.

FSA 18-VEF13.0 Specification #03-Type 1 Ambulance 2 Wheel Drive Medium Duty	\$	223,007.82
Options and upgrades per City of Hollywood	\$	74,710.86
Total Price:	\$	297,718.68
Equipment (Stryker Power Pro & Accessories))	\$	19,921.34
Total for (1) Unit:	\$	317,640.02
Multiple Discount	\$	(2,000.00)
Total Price with Discount for (1) Unit	\$	315,640.02
Total Price for (2) Units:	\$	631,280.04

Sally Wilson - Account Manager
725 SW 46th AVE, Ocala, FL 34474 (352) 875-8601

7/8/19
Date

Dee Daniels - Director of Sales
725 SW 46th AVE, Ocala, FL 34474 (352) 629-6305

7/8/19
Date



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

(Use for purchase(s) over \$25,000, when piggybacking off other contracts)

Date 7-11-2019

Department/Office Fire

Division/Area Logistic

Contract Administrator Mark Miller

Title Division Chief

Phone 954-967-4248

Email mmiller@hollywoodfl.org

1. Requested Vendor REV Technical Center

Vendor Number 36204

Address 725 SW 46 Ave, Ocala, FL 34474

Contact Person Sally Wilson

Title Sales Representative

Phone 1-342-875-8601

Email sally.wilson@revtc.com

2. Contract title requesting to piggyback? FSA 18-VEF13.0 Fire Rescue Vehicles and Apparatus and Ambulances

Awarding Agency FSA

Contract Expiration Date March 31, 2020

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Two Horton Medium Duty Rescue Transport Vehicles

4. Detailed description of the products/services function and purpose. Provide Fire and Rescue services to the City of Hollywood.

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. This contract was identified and used in past purchases of apparatus.

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 _____

7. Total cost of the requested product/service. \$631,280.00

8. Total estimated annual (fiscal year) cost of requested product/service. NA

Account Number(s) 333.219901.52200.564530.001191.000.000

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.) _____

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.

Date of Advanced Search 7-11-2019

Company Name(s) Searched

Search Results

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

REV Technical Center

No records found

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

7.11.19

Date

Supervisor's Signature

Date



Director's Signature

7-16-19

Date

APPROVAL (Procurement Service Division Use Only)

APPROVAL (Procurement Service Division Use Only)			
Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)