



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggyback Request Form

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

Date September 22, 2022

Department/Office Fire Rescue

Division/Area 215101

Requestor Alexander N. Poli

Title Division Chief of Administration

Phone 954-967-4248

Email Apoli@hollywoodfl.org

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1. Requested Vendor ETR, LLC

Vendor Number 31315

Address 700 S. French Ave  
Sanford, FL, 32771

Contact Person Scott Newcomer

Title Sales

Phone (407) 339-6737

Email snewcomer@etrllc.org

2. Contract title and number requesting to piggyback? FSA20-VEF14.01 Ambulances & Other Equipment

Awarding Agency Florida Sheriffs Association

Contract Expiration Date March 31, 2023

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

Yes  No

3. Product/Service being requested (be specific). Three (3) Advanced Life Support Ambulances are needed.

4. Detailed description of the product/service's function and purpose. Three (3) Advanced Life Support Ambulances are needed to provide Emergency Medical Services. These vehicles are used to respond to emergencies and transport patients to the hospital. Advanced Life Support Ambulances should be replaced every seven (7) years. Due to the supply chain issues, these Advanced Life Support Ambulances will take approximately two (2) years to manufacture. Normally, these vehicles are manufactured in a year.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Multiple Fire Departments were contacted and ETR, LLC and this contract provided the best value for the Advanced Life Support Ambulances.

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 This contract provided the best price for the vehicles required.

7. Total cost of the requested product/service. \$1,185,321.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$1,185,321.00

Account Number(s) 117.219901.52200.564520.001555.000.000

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

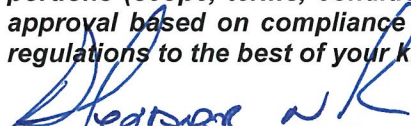
If yes, please attach a copy of the warranty details.

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

9-22-22  
Date

  
Director's Signature

9-22-22  
Date