



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT OFFICE

Piggyback Request Form

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

Date July 24, 2023

Department/Office Public Works

Division/Area Fleet

Requestor Joseph S. Kroll

Title Director

Phone Ext. 4336

Email jkroll@hollywoodfl.org

1. Requested Vendor Duval Ford

Vendor Number _____

Address 405 Lane Ave N, Jacksonville, FL 32254

Contact Person Bambi Darr

Title Government Salesperson

Phone 904-381-6596

Email Bambi.Darr@duvalmotor.com

2. Contract title and number requesting to piggyback? Bradford County Sheriff's Office Vehicle Purchasing Contract BCSO 22-27-1.0

Awarding Agency Bradford County Sheriffs Office

Contract Expiration Date September 11, 2027

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

Yes No

3. Product/Service being requested (be specific). Two 2024 Ford Transit T-150 Low Roof 130" Wheelbase Cargo Vans

4. Detailed description of the product/service's function and purpose. Our Technical Trades division will use one van for plumbing needs and the other van will be used for electrical needs. Both will be used citywide to travel to and from various jobs, repairs and services. They will be used to carry, supplies, materials, tools and equipment. Currently, we are in dire need of vehicles for both trades.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Various people in the Public Works department researched for the best price and options for purchasing these two vans, including reviewing other contracts such as the Florida Sheriff's Agreement. It was decided this contract was the best option to piggyback for this purchase.

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, we reviewed the Florida Sheriff's Association Agreement and the Brevard County agreement.

7. Total cost of the requested product/service. \$106,114.67

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

Account Number(s) 557.519901.51900.564520.000120.000.000

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

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.

Annalie Halmes
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Requestor's Signature

8/14/2023
Date

DocuSigned by:
Joseph S Kroll
53471CE32D34456...
Director's Signature

8/14/2023
Date