



## CITY OF HOLLYWOOD, FLORIDA

### OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE

#### Piggyback Request Form

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

Date September 18, 2024

Department/Office Public Works

Division/Area Operations

Requestor Joshua Collazo

Title Superintendent

Phone 3043

Email jcollazo@hollywoodfl.org

1. Requested Vendor Home Depot

Vendor Number \_\_\_\_\_

Address 2455 Paces Ferry Road, Atlanta GA 30339

Contact Person JT Rieves

Title Vice President

Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Contract title and number requesting to piggyback? MAINTENANCE, REPAIR, OPERATING SUPPLIES, INDUSTRIAL SUPPLIES, AND RELATED PRODUCTS AND SERVICES, #16154

Awarding Agency Omnia Partners

Contract Expiration Date December 31, 2026

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

Yes  No

3. Product/Service being requested (be specific). Maintenance, Repair, Operating, Industrial Supplies and Related Products

4. Detailed description of the product/service's function and purpose. A complete line of Maintenance, Repair and Operating (MRO) Supplies and Industrial Supplies in a Retail and Wholesale environment; and Related Products and Services (herein "Products and Services"). A complete and comprehensive offering of Industrial supplies such as bearings, linear technologies, power transmissions.

motors, hydraulics, pneumatics, gearing, material handling, conveyor systems, industrial rubber, general maintenance supplies, fluid power and any additional related products and services.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Various government agencies were searched and non-government agencies like Sourcewell and Omnia Partners. Each one led us to the agreement with Omnia Partners.

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 We looked at various government entities and no other agreements fit our needs or had what we were looking. It was suggested to us to look at Omnia Partners and this fit our needs the best.

7. Total cost of the requested product/service. \$185,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$185,000.00

Account Number(s) 001.500101.51900.531170.000000.000.000  
001.500202.54100.531170.000000.000.000 001.500203.51900.531170.000000.000.000  
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001.500304.51900.546350.000000.000.000 445.520101.53400.531170.000000.000.000  
557.510101.51900.534980.000000.000.000 \_\_\_\_\_

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 \_\_\_\_\_

**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.**

RD@LAKMIRE@HollywoodFL.org 9/27/2024  
Requestor's Signature Date

DocuSigned by:  
Joseph S Kroll 9/30/2024  
Director's Signature Date