



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT OFFICE

Piggyback Request Form

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

Date June 19, 2024

Department/Office DCM

Division/Area _____

Requestor Elisa A Iglesias

Title Architectural Support Services
Manager

Phone 954-921-3927

Email eiglesias@hollywoodfl.org

1. Requested Vendor Empire Office, Inc.

Vendor Number: 15072

Address 654 Madison Avenue, 14th Floor.
New York, NY 10065

Contact Person Peri Silber

Title Government Contract

Phone 954-707-6212

Email psilber@empireoffice.com

2. Contract title and number requesting to piggyback? Alternative Source Contract (ACS) 56120000-24-NY-ACS

Awarding Agency State of Florida

Contract Expiration Date 12/1/28.

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). Office Furniture

4. Detailed description of the product/service's function and purpose. New 2nd floor library office furniture, cubicles, conference tables, specialty seating, etc.

5. Please explain what process the Department/Office took to verify and/or identify this contract. Listed vendors confirmed and issued a compliance letter.

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: The use of various state contracts was most beneficial to procure Empire Office, Inc. for this scope of work. They are familiar with the City of Hollywood requirements and a local company.

7. Total cost of the requested product/service. \$662,117.16

8. Total estimated annual (fiscal year) cost of requested product/service. \$662,117.16

Account Number(s): 334.149901.51900.563010.001285.000.000

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.

Lisa A Iglesias
Requestor's Signature

6/24/24
Date

Jose Cortes
Director's Signature

06/24/2024
Date

CPO Signature

Date