



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

(Use for purchase(s) over \$15,000, when piggybacking off other contracts)

Date 7/9/19

Department/Office Information Technology

Division/Area Admin

Contact Person Raheem Seecharan

Title Director

Phone 954-921-3479

Email rseecharan@hollywoodfl.org

1. Requested Vendor Dell

Vendor Number 28233

Address One Dell Way, MALL Stop 8726, Round Rock, TX 78682

Contact Person Jaime Porras

Title Sr. Account Executive

Phone 800-456-3355

Email Jaime.Porras@Dell.com

2. Contract title requesting to piggyback? 43211500-WSCA-15-ACS Amendment 1 Participating Addendum

Awarding Agency State of Florida

Contract Expiration Date 3/31/2020

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Monitors, Laptops, and Desktops.

4. Detailed description of the products/services function and purpose. This purchase will support the ongoing efforts to update outdated city-wide computer systems with Windows 10 systems such as small form factor computers configured with dual 22in monitors. This includes 80 Optiplex 7060's, 2 Precision T3630's, 68 23" monitors, and 15 Latitude 7400 laptops.

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. Contacted vendors and reviewed the DMS WSCA website to confirm that Dell is authorized to use the 43211500-WSCA-15-ACS Amendment 1 Participating Addendum.

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. \$88,794.13

8. Total estimated annual (fiscal year) cost of requested product/service. \$88,794.13

Account Number(s) 557.130101.51900.546330.0000.000.000

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.) Future maintenance support for devices after initial three year period

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.) Recurring renewal of the feature keys at one year intervals after year three

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.

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Date of Advanced Search 7/10/19

Company Name(s) Searched
Dell Marketing L.P.

Search Results
Active

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 you knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.

Vincent P. Lee

Contact Person's Signature

7/10/2019

Date

Vincent P. Lee

Supervisor's Signature

7/10/2019

Date

Director's Signature

Date

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 Oder # BPO _____
(As Applicable)