



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 10/21/2024

Department/Office Police

Division/Area Criminal Investigations
Division

Requestor Lt. Flores

Title Police Lieutenant

Phone 954-967-4636

Email aflores@hollywoodfl.org

1. Requested Vendor Lenco Industries, Inc

Vendor Number 35037

Address 10 Betnr Industrial Dr. Pittsfield, MA 01201

Contact Person Jim Massery

Title Government Sales Manager

Phone 413-443-7359

Email jmassery@lencoarmor.com

2. Contract title and number requesting to piggyback? GS-07F-169DA

Awarding Agency General Services Administration

Contract Expiration Date 08/22/2026

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

Yes No

3. Product/Service being requested (be specific). Lenco BearCat G3 armored vehicle

4. Detailed description of the product/service's function and purpose. Lenco BearCat is an armored vehicle that offers protection in dangerous scenarios, including active shooter, barricaded suspects, response and rescue, and high-risk warrants.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The contract is identifiable on the General Service Administration (GSA) website

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 Two cooperative contracts were considered for purchasing an Armored vehicle - Omnia Partners cooperative and GSA. The Omnia Partners contract were not viable because of the expiration date. The GSA contract is current and provides the best value.

7. Total cost of the requested product/service. \$388,494.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$388,494.00

Account Number(s) 557.209901.519.564520.001761.000.000 _____

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.

Anthony Flores
DocuSigned by:
BFDA2CCD567B414...

11/5/2024
Date

Requestor's Signature
DocuSigned by:

Jeffrey Devlin
0192390979AC450...

11/6/2024
Date

Director's Signature