



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

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PROCUREMENT SERVICES
DIVISION

2015 SEP 30 PM 3: 22

Piggybacking Request Form (Use for purchase(s) over \$25,000, when piggybacking off other contracts)

Date 9/25/2015

Department/Office HR

Division/Area Benefits

Contract Administrator Tammie Hechler

Title HR Director

Phone 954-921-3504

Email thechler@hollywoodfl.org

1. Requested Vendor Life Scan Wellness Center

Vendor Number _____

Address 1011 North Macdill Avenue
Tampa, FL 33607

Contact Person Patricia Johnson

Title CEO

Phone 813) 876-0625

Email LifeScanhc@aol.com

2. Contract title requesting to piggyback? JFRD Health Screening Physicals

Awarding Agency Jacksonville Fire Rescue Department

Contract Expiration Date 3/15/2015

Copy of Contract and Awarding Agency documentation is attached.

Yes No

3. Product/Service being requested (be specific). Annual Medical Examination

4. Detailed description of the products/services function and purpose. Each employee shall have the option of undergoing a comprehensive physical examination. Each examination may consist of the following minimum components: 1) 12-Lead ECG, to be interpreted by a licensed cardiologist; 2) complete blood test; 3) hearing test; 4) vision test; 5) lung volume test; 6) treadmill test, if recommended by the employee's personal physician; 7) screening test for tuberculosis, meningitis, hepatitis and HIV, upon request by the employee; 8) chest xray,at

Procurement Service Division use only

Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)

the option of the employee; 9) mammogram at the request of the employee; 10) prostate examination, at the request of the employee; 11) ultra-sound body scan; 12) CT scan provided it is recommended by the employee's physician (however, the City shall only pay for the cost associated with an-ultra-sound body scan or a CT scan per calendar-not both) Payment for these services may be borne by the employee or the employer depending upon agreed upon contracts and policies.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The Human Resources Department worked in conjunction with the Procurement Department to identify a vendor who could provide the services as described above.

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 Human Resources Department reviewed several contracts to ensure we were obtaining the best contract that meet the needs of the City.

7. Total cost of the requested product/service. \$370 per person

-

8. Total estimated annual (fiscal year) cost of requested product/service. \$75,000

Account Number(s) #58.1241.00000.590.00919 ^{9 RD} _____

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.) _____

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.)

12. Is this a grant related purchase? Yes No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.)

****Please Note: The cost will be for this benefit will be paid by both the City and employees if elected.

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Requisition # R _____
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Purchase Order # P _____
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Will this require matching funds? Yes No

What is the grant source? N/A

What is the grant (dollar) amount? N/A

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.

Date of Advanced Search 9/22/2015

Company Name(s) Searched
Life Extension Clinic

Search Results
0

Life Scan Wellness Centers

0

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 your knowledge the contract does not violate any applicable policy, statute, governing rule of regulation.

[Signature]
Contact Person's Signature

9/29/2015
Date

Supervisor's Signature

_____ Date

[Signature]
Director's Signature

9/29/15
Date

APPROVAL (Procurement Service Division Use Only)

Verified By:	<u>Rachel Dieria</u>	Date	<u>11/2/15</u>
Approved By:	<u>[Signature]</u>	Date	<u>11/3/15</u>

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

LIFE SCAN
Wellness Centers

LifeScanHC@aol.com

(813) 876-0625

October 21, 2015

City of Hollywood
Tammie Hechler, Director of Human Resources
2600 Hollywood Boulevard
Hollywood, Florida 33020

Dear Ms. Hechler,

On behalf of Life Extension Clinics, Inc. (d/b/a Life Scan Wellness Centers) I am pleased to agree to allow the City of Hollywood to piggy-back onto the City of Jacksonville Contract No. P-41-13, Health Screening Physicals at the same pricing and scope of services. Thank you very much.

Sincerely,



Patricia Johnson, CEO

1011 North MacDill Avenue
Tampa, FL 33607

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Life Extension Clinics, Inc.

2 Business name/disregarded entity name, if different from above
Life Scan Wellness Centers

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____
 C Corporation S Corporation Partnership Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1011 North MacDill Avenue

6 City, state, and ZIP code
Tampa, FL 33607

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
5	9	-	3	5	3	0	2	2	8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Patricia Johnson, CEO* Date ▶ *2/6/2015*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.