



# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Piggybacking Request Form

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

Date: October 12, 2021

Department/Office: Public Works

Division/Area: Fleet Maintenance

Contact Person: Joel Wall / Peter Bieniek

Title: Fleet Superintendent/ Public Works Director

Phone: 954.967.4555 / 954.967.4526

Email: [jwall@hollywoodfl.org](mailto:jwall@hollywoodfl.org) / [pbieniek@hollywoodfl.org](mailto:pbieniek@hollywoodfl.org)

1. Requested Vendor: Enterprise FM Trust

Vendor Number: 5542/11

Address: PO Box 800089 Kansas City, MO 64780-0089

Contact Person: Daniel Pacheco

Title: Account Manager & Fleet Consultant

Phone: 954-354-5155

Email: daniel.a.pacheco@efleets.com

2. Contract title requesting to piggyback: Sourcewell contract #060618-EFM Purchase/Lease/Finance Municipal Utility Vehicles

Awarding Agency: Sourcewell #060618-EFM

Contract Expiration Date: July 24, 2022

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific): Open End Vehicle Lease for two 7 month terms, for forty (42) 2022 Ford F-150 4x2 Pick-up Trucks to be operated in increments of 21 at a time and swapped out at 7 months.

4. Detailed description of the products/services function and purpose: Leasing Pick-up Trucks for Code Compliance to renew the existing Lease contract for two 7 month periods. Trucks perform daily duties

*Procurement Service Division use only*

Requisition # R \_\_\_\_\_  
BPO \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # \_\_\_\_\_  
(As Applicable)

throughout the City of Hollywood to enforce City of Hollywood's code compliances and violations. The contractor will need a "Letter of Intent" to secure the purchase of these vehicles, as the Manufacturer has a short window to receiving orders, and are only accepting limited orders for the build of the 2022 Vehicles.

5. Please explain what process the Department/Office took to verify and/or identify this contract:  
Vendor identified the competitively procured contract.

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: No other open end lease contracts available with these terms.

7. Total cost of the requested product/service. \$599.09 ea. vehicle/month

8. Total estimated cost of requested product/service. \$599.09 x 42 vehicles x 7 months = \$176,132.46, plus \$400.00 x 42 vehicles = \$16,800.00 Service Charge at Lease Termination, **Total 14 Month Lease Total = \$192,932.46**

Account Numbers: # 001.220101.53900.540050.000000.000.000 & #445.520101.53400.540050.000000.000.000.

9. Is this product/service covered by a warranty? ☒ Yes ☐ No

If yes, please attach a copy of the warranty details.

10. 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.)

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 Excluded Parties List System at [www.epls.gov](http://www.epls.gov).

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
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(As Applicable)

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched

Search Results

\_\_\_\_\_

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#### 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 or regulation.***

\_\_\_\_\_  
Contact Person's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

#### APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

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Requisition # R \_\_\_\_\_  
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