

## **CITY OF HOLLYWOOD, FLORIDA**

## **PROCUREMENT OFFICE**

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

Date <u>12/22/22</u>

Department/Office Police

Requestor L. Bornstein

Phone <u>954-967-4631</u>

Division/Area Support Services

Title Support Services Manager

Email <a href="mailto:lbornstein@hollywoodfl.org">lbornstein@hollywoodfl.org</a>

1. Requested Vendor Duval Ford LLC

Vendor Number 100190

Address 5203 Waterside Drive Jacksonville, FL 32210

Contact Person Jared Davis

Phone 904-381-6595

Title Government Sales

Email jared.davis@duvalford.com

2. Contract title and number requesting to piggyback? <u>FSA22-VEL 30.0</u>

Awarding Agency Florida Sheriff Assn

Contract Expiration Date 09/30/23

Copy of Contract and Awarding Agency documentation is attached (provide if available). x Yes  $\square$  No

3. Product/Service being requested (be specific). Fleet vehicle

4. Detailed description of the product/service's function and purpose. Replacement for aging vehicle

5. Please explain what process the Department/Office took to verify and/or identify this contract. <u>The Police</u> <u>Department compared different solicitation programs to find the contract that best fits the department's needs including vehicle availability and price.</u>

6. Were alternative contracts evaluated to determine that the City is obtaining the most advantageous contract pricing for the required product/service?

🛛 Yes 🗌 No

(Revised 10/2022)

Please explain <u>Other dealers were contacted to procure this type of vehicle and every dealer contacted</u> was not able to provide a 2022 Ford Explorer XLT. In addition, the window to order 2023 Ford Explorers had closed until early 2023.

<u>Duval Ford was the only vendor that had one on their lot. The current MSRP for this same type of vehicle is now</u> \$36,370.00 without options. The price at Duval Ford for this 2022 Ford Explorer XLT is \$34,000 without options.

7. Total cost of the requested product/service. \$37,299.00

8. Total estimated annual (fiscal year) cost of requested product/service. None

Account Number(s) <u>557.209901.52100.564520.000000.000.000</u>

9. Is this product/service covered by a warranty? Xes No

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

10. Will grant funds be used to pay for the requested product/service?  $\Box$  Yes No  $\boxtimes$ 

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.

200- #397	12/22/22
Requestor's Signature	Date
— DocuSigned by:	
Chris O'Brien	12/22/2022
<u>-7323378F4B8E438.</u> Director's Signature	Date