



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggyback Request Form

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

Date November 28, 2022

Department/Office Fire Rescue

Division/Area 215101

Requestor Alexander N. Poli

Title Division Chief of Administration

Phone 954-967-4248

Email Apoli@hollywoodfl.org

1. Requested Vendor ETR, LLC

Vendor Number 31315

Address 700 S. French Ave
Sanford, FL, 32771

Contact Person Scott Newcomer

Title Sales

Phone (407) 339-6737

Email snewcomer@etrllc.org

2. Contract title and number requesting to piggyback? FSA20-VEF14.01 Ambulances & Other Equipment

Awarding Agency Florida Sheriffs Association

Contract Expiration Date March 31, 2023

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

☒ Yes ☐ No

3. Product/Service being requested (be specific). An Advanced Life Support Ambulance is needed.

4. Detailed description of the product/service's function and purpose. An Advanced Life Support Ambulance is needed to provide emergency medical services. These vehicles are used to respond to emergencies and transport patients to the hospital. Advanced Life Support Ambulances should be replaced every seven (7) years. Fire Rescue is remounting a spare Medic Master Type I Advanced Life Support Ambulance onto a spare Advanced Life Support Ambulance Freightliner chassis. This process involves converting two (2) spare Advanced Life Support Ambulances into one (1) functioning Advanced Life Support Ambulance. This is not the most ideal situation; however, with the supply chain issues and the lead time of two (2) years for new Rescue Units this became an option.

5. Please explain what process the Department/Office took to verify and/or identify this contract. The remounting is a specialized process and it has been solicited by the Florida Sheriffs Association through Bid Number FSA20-VEF.0: Fire Rescue Vehicles, Ambulances and Other Equipment on March 3, 2020.

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 This contract provided the requirements for the services required.

7. Total cost of the requested product/service. \$208,022.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$208,022.00

Account Number(s) 335.219901.52200.564530.001610.000.000.

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 N/A

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.

[Signature]
Requestor's Signature

11/28/22
Date

[Signature]
Director's Signature

11/28/22
Date