

CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

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

Date 5/17/17

Department/Office Information Technology

Contact Person Christophe St. Luce

Phone <u>954-921-3038</u>

Division/Area NCS

Title Mgr., Comm & Support Svcs

Email cstluce@hollywoodfl.org

1. Requested Vendor SHI Corporation

Vendor Number 16709

Address 290 Davidson Ave, Suite 101, Somerset, NJ 08873

Contact Person Sean Carlin

Phone <u>800-543-0432</u>

Title Inside Account Manager

Email <u>sean_carlin@shi.com</u>

2. Contract title requesting to piggyback? Licensing Solutions Providers (LSP) of Microsoft Software and Services; 43230000-15-02

Awarding Agency Florida Department of Management Services

Contract Expiration Date 01/31/2019

Copy of Contract and Awarding Agency documentation is attached.

🛛 Yes 🗌 No

3. Product/Service being requested (be specific). <u>Acquisition of licenses for Microsoft software and services,</u> <u>specifically, licenses to acquire Microsoft Office 365 G1 for the City of Hollywood.</u>

4. Detailed description of the products/services function and purpose. <u>Acquisition of licenses from Microsoft to</u> acquire Microsoft Office 365 G1 licenses and migrate the city users from an on-premise e-mail server solution to

Procurement Service Division use only

Requisition # R____ (As Applicable) Purchase Order # P_____ (As Applicable)

Blanket Purchase Oder # BPO___ (As Applicable)

(Revised 9/2013)

<u>a hosted e-mail server solution, providing redundancy, fail-over, and a continually current backend e-mail server</u> solution with archiving, e-Discovery, and legal hold capability--with professional services for installation.

5. Please explain what process the Department/Office took to verify and/or identify this contract. <u>Multiple</u> vendors were solicited for information regarding the acquisition of these licenses and services. The other vendors were (1) not available on a pre-approved contract and (2) had not performed migrations for organizations of our size.

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 <u>Procuring this service/solution by utilizing a pre-approved contract, is only available via</u> the Florida Department of Management Services contract 43230000-15-02.

7. Total cost of the requested product/service. <u>\$228,000.00</u>

8. Total estimated annual (fiscal year) cost of requested product/service. \$170,000.00

Account Number(s) 34.1317.17531.519.003137

9. Is this product/service covered by a warranty? \Box Yes \boxtimes 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.) <u>This purchase will require</u> the city to renew, on an annual basis, the Microsoft licenses for the hosted e-mail server solution. SHI is currently the state contract holder for Microsoft and potentially would receive the renewal purchases as a pre-approved rate with the Florida Department of Management Services. Year one is estimated at \$228,000.00 with professional services. Years two and three are estimated at \$170,000.00.

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? \Box Yes \boxtimes No

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

Will this require matching funds? \Box Yes \boxtimes No

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Requisition # R_____ (As Applicable) Purchase Order # P_____ (As Applicable)

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(Revised 9/2013)

What is the grant source? _____

What is the grant (dollar) amount?

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at <u>www.sam.gov</u>.

Date of Advanced Search <u>5/17/2017</u>	
Company Name(s) Searched <u>SHI Corp</u>	Search Results Exp 9/15/2017

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 you knowledge the contract does not violate any applicable policy, statue, governing rule or regulation.

CHRISTOPHE OT. CUE

Contact Person's Signature

Supervisor's Signature

Rohen Soa

Director's Signature

Date

05/17/2017

___5/24/17_____ Date

Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R____ (As Applicable) Purchase Order # P_____ (As Applicable) Blanket Purchase Oder # BPO____ (As Applicable)