



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 1-22-2018

Department/Office Fire Rescue

Division/Area 2151

Contract Administrator Alexander N. Poli

Title Division Chief

Phone (954)967-4248

Email Apoli@hollywoodfl.org

1. Requested Vendor Graybar Electric Company

Vendor Number 283

Address 1255 NW 21st St.
Pompano, FL, 33069

Contact Person John Hughes

Title Sales

Phone (954) 633-6342

Email John.Huges@graybar.com

2. Contract title requesting to piggyback? U.S. Communities

Awarding Agency U.S. Communities

Contract Expiration Date 1/31/2023

Copy of Contract and Awarding Agency documentation is attached.

☐ Yes ☒ No

3. Product/Service being requested (be specific). Electrical Parts/Service

4. Detailed description of the products/services function and purpose. Electrical Parts/Service

5. Please explain what process the Department/Office took to verify and/or identify this contract. The Procurement Services Department provided the information.

Procurement Service Division use only

Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)

(Revised 08/2015)

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 Procurement Services Department provided the information.

7. Total cost of the requested product/service. \$1,818.00.

8. Total estimated annual (fiscal year) cost of requested product/service. \$1,818.00.

Account Number(s) 01.2151.00000.522.004635

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.) N/A

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.) N/A

12. Is this a grant related purchase? ☐ Yes ☒ No

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

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 _____

Company Name(s) Searched

Search Results

Procurement Service Division use only

Requisition # R _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # BPO _____
(As Applicable)

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

1-22-18

Supervisor's Signature

Date

1-22-18

Director's Signature

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 Order # BPO _____
(As Applicable)