

(Revised 08/2015)

CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

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

Date <u>9-10-2019</u>							
Department/Office Fire		Division/Area <u>Ops</u>					
Contract Administrator Mark M	<u>liller</u>	Title Deputy Chief					
Phone <u>954-967-4248</u>		Email mmiller@hollywoodfl.org					
1. Requested Vendor Ten-8 (F	Pierce)	Vendor Number <u>05568</u>					
Address 2904 59 Ave. Dr. E. Bradenton, FL 34203							
Contact Person Mike Schne	<u>eider</u>	Fitle <u>Sales Representative</u>					
Phone <u>561-339-3492</u>		Email <u>mjsfiretruck@aol.com</u>					
 Contract title requesting to piggyback? <u>FSA18-VEF13.0 Fire Rescue Vehicles and Apparatus and Ambulances</u> 							
Awarding Agency <u>FSA</u>							
Contract Expiration Date March 31, 2020							
Copy of Contract and Awarding Agency documentation is attached. ☑ Yes ☐ No							
3. Product/Service being requested (be specific). One Pierce Mid-Mount Velocity Aerial Platform							
4. Detailed description of the products/services function and purpose. <u>Provide Fire and Rescue services to the City of Hollywood. This unit will be replacing our current, aging Platform which will have out lived its life expentency upon the completion and delivery of it's replacement. Due to the amount of highrise buildings within the City limits, it is critical that Fire continues to include an Aerial Platform in its fleet. An aerial platform allows</u>							
Procurement Service Division use only							
Requisition # R(As Applicable)	Purchase Order # P(As Applicable)	Blanket Purchase Oder # BPO(As Applicable)					

elevated water streams, elevated technical rescues, trench rescues, observation platform and enhances our ability in so many other ways. 5. Please explain what process the Department/Office took to verify and/or identify this contract. This contract was identified and used in past purchases of apparatus. 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 N/A 7. Total cost of the requested product/service. \$1,311,658.00 8. Total estimated annual (fiscal year) cost of requested product/service.N/A Account Number(s) 333. 219901. 52200. 564536. 001191. 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? _____ What is the grant (dollar) amount? _____ Procurement Service Division use only Requisition # R Purchase Order # P Blanket Purchase Oder # BPO (As Applicable) (As Applicable) (As Applicable)

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the fire department to have the ability to operate with an elevated platform. Elevated platforms are used for

		n advanced search of the nagement at <u>www.sam.go</u>		d for award on the F	ederal Government's			
	Date of Advance	Date of Advanced Search 9-10-2019						
	Company Nam <u>Ten-8</u>	e(s) Searched	Search Result <u>Active</u>	s				
	-			_				
REQUESTING DEPARTMENT RECOMMENDATION								
	portions (scope, term based on the contract	returning this form, you s, conditions, pricing, e complying with the Cityge the contract does n	tc.) of the requeste / of Hollywood's sc	d contract and recope and pricing rec	ommend its approval quirements and to the			
	Contact Person's Signa	ture	Date	- 1				
	Supervisor's Signature		Date					
	Director's Signature		9-11-19					
	APPROVAL (Procurement Service Division Use Only) Verified By: Date							
	Approved			Date Date				
	By:							
		<u>Procurement Ser</u>	vice Division use only					
			Purchase Order # P		Blanket Purchase Oder # BPO			
(As Applicable)		(As Applicable)		(As Applicable)				

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