



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 11/4/2019

Department/Office Fire

Division/Area Ops

Contract Administrator Mark Miller

Title Deputy Chief

Phone 954-967-4248

Email mmiller@hollywoodfl.org

1. Requested Vendor Ten-8 (Pierce)

Vendor Number 05568

Address 2904 59 Ave. Dr. E. Bradenton, FL. 34203

Contact Person Mike Schneider

Title Sales Representative

Phone 561-339-3492

Email mjsfiretruck@aol.com

2. Contract title requesting to piggyback? FSA18-VEF13.0

Awarding Agency FSA

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 Impel Pumper

4. Detailed description of the products/services function and purpose. A new Impel Pumper is critical for use in vehicle accidents and technical rescues, as well as structure fires, providing Fire and Rescue services throughout the City of Hollywood. This unit will be replacing our current, aging Engine 105 that services District 105 for it has reached its end of life as a front line unit; it will be used as a spare.

Procurement Service Division use only

Requisition # R
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order # BPO
(As Applicable)

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 fire 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. \$591, 372.00

8. Total estimated annual (fiscal year) cost of requested product/service. N/A

Account Number(s) 334.219901.52200.563010.001263.000.000

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.) 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 11/04/2019

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)

Ten-8

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

11.6.19

Date



Supervisor's Signature

11-6-19

Date



Director's Signature

11-6-19

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)