



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 11/27/19

Department/Office Public Works

Division/Area 5170

Contract Administrator Charles Lassiter

Title Assistant Director

Phone 954-967-4526

Email classiter@hollywoodfl.org

1. Requested Vendor W.W. Grainger, Inc.

Vendor Number _____

Address 100 Grainger Parkway, Lake Forest, IL 60045

Contact Person Chris Porter

Title Sr. Government Sales Manager

Phone 940-867-7602

Email chris.porter@grainger.com

2. Contract title requesting to piggyback? Sourcewell Contract, Bid Award on RFP # 121218

Awarding Agency Sourcewell

Contract Expiration Date January 25, 2023

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). For Facilities Maintenance, Repair, And Operating Supplies Citywide

4. Detailed description of the products/services function and purpose. Supply and delivery of facility maintenance products and supplies to all Departments, Divisions and Offices for the maintenance and repair of facilities throughout the City

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. Competitively bid by Sourcewell, formerly the National Joint Powers Alliance pursuant to its RFP #121218 and recommended by the Department of Public Works.

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 Supply and delivery of facility maintenance products were available on Sourcewell's Contract with the best pricing for the City.

7. Total cost of the requested product/service. \$135,000.00

8. Total estimated annual (fiscal year) cost of requested product/service. \$135,000.00

Account Number(s): Funding for this agreement has been provided in FY 2020 budget in individual departmental and office budgeted accounts and will be budgeted in subsequent fiscal years.

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? _____

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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

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

Supervisor's Signature

Date


Director's Signature

11/27/19
Date

APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

Procurement Service Division use only

Requisition # R _____
(As Applicable)

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(As Applicable)

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(As Applicable)