



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 02-10-2019

Department/Office Fire Rescue

Division/Area 215101

Contract Administrator Alexander N. Poli

Title Division Chief

Phone (954) 967-4248

Email Apoli@hollywoodfl.org

1. Requested Vendor Municipal Equipment Company, LLC Vendor Number 32188

Address 2049 West Central Boulevard
Orlando, FL, 32805

Contact Person Frank Albelo

Title Sales

Phone (414) 418-3342

Email Frank.Albelo@draeger.com

2. Contract title requesting to piggyback? 17-0606H

Awarding Agency Lake County Contract

Contract Expiration Date 06-30-2020

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). A Self-Contained Breathing Apparatus (SCBA) for the entire Department is in need of replacement.

4. Detailed description of the products/services function and purpose. The Self-Contained Breathing Apparatus (SCBA) is the equipment utilized on a fire scene by firefighters to breathe fresh air in a toxic environment. The Self-Contained Breathing Apparatus are to be placed every ten (10) years and when two (2) NFPA updates have occurred. These two items have occurred.

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. The Lake County Contract completed a nationwide cooperative bid for this type of equipment.

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 Yes, This contract provided the best price for the purchase.

7. Total cost of the requested product/service. \$856,101.81

8. Total estimated annual (fiscal year) cost of requested product/service. \$856,101.81

Account Number(s) 334.219901.52200.

564530.001120.000.000

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 02-10-2019

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Company Name(s) Searched
Municipal Equipment Company, LLC

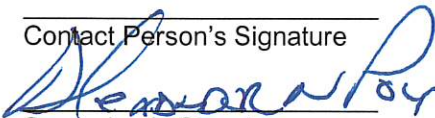
Search Results

Active

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

2-12-20

Supervisor's Signature

Date

02-12-2020

Director's Signature

Date

APPROVAL (Procurement Service Division Use Only)

Verified By:		Date	
Approved By:		Date	

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