



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form

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

Date 07/30/2020

Department/Office Information Technology

Division/Area 1345

Contract Administrator Christian Laboy

Title Network & Server Operations Manager

Phone 954-921-3038

Email claboy@hollywoodfl.org

1. Requested Vendor Sinnott Wolach Technology Group

Vendor Number 32607

Address 109 Monterey Pointe Drive

Contact Person Margaret Sinnott

Title President

Phone 561-632-2695

Email msinnott@sw-techgroup.com

2. Contract title requesting to piggyback? GSA#GS-35F-0119Y

Awarding Agency U.S. General Services Administration (Carasoft)

Contract Expiration Date 12/19/2021

Copy of Contract and Awarding Agency documentation is attached.

☒ Yes ☐ No

3. Product/Service being requested (be specific). Maintenance renewal of the DNS/DHCP appliances throughout the City, software subscriptions, training, and professional services

4. Detailed description of the products/services function and purpose. The Infoblox DNS/DHCP appliances provide the backbone connectivity of communication for all telecommunications equipment. Each computer, laptop, network printer, and wireless device connected to the network, requires access to the infoblox appliance.

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. Used the initial service agreement for reference in researching renewals. The initial GSA contract was still available as the current pricing source.

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 This service is available both on and off the GSA schedule. Pricing off of the schedule was not as competitive.

7. Total cost of the requested product/service. \$29,545.95

8. Total estimated annual (fiscal year) cost of requested product/service. \$207,038.40

Account Number(s) 557.130101.51900.564410 _____

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.)
Recurring renewal of the Infoblox DNS/DHCP appliances on an annual basis via the Contractual Svs account

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 you 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

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)