



TO: Robert Gleason, Director
Purchasing Division
FROM: Scott Campbell, Director
Facilities Management Division
SUBJECT: Solicitation No.: BLD2125152B1
UPS Preventative Maintenance and Repair

Recommended Vendor: ARM Electrical Services LLC
Recommended Group(s)/Line Item(s): Groups 1, 2, 3, and 4
Initial Award Amount: \$ 919,350.00 Potential Total Amount: \$ 2,298,375.00
Initial Contract Term: Two Years Contract Term, including Renewals: Five Years

CONCURRENCE:

☒ The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility, which includes license requirements (if applicable). I have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

☒ I am satisfied with the Vendor's financial background and/or rating and payment performance.
☐ Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

☒ I have reviewed the Litigation History Form and there is no issue of concern.
☐ Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in ContractsCentral and:

☒ Vendor received an overall rating ≥ 2.59 on all evaluations.
☐ No evaluations within the past three years contained any items rated a score of 2 or less.
☐ Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
☐ Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
☐ Past evaluations are not relevant to the scope of this contract.
☐ No past Performance Evaluations exist in ContractsCentral.

AND

☒ Reference Verification Forms are attached.

OR

☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

☐ I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Scott Campbell
(Individual authorized to administer the contract.)

TITLE: Director, Facilities Management Division

SIGNATURE: SCOTT CAMPBELL Digitally signed by SCOTT CAMPBELL
Date: 2022.09.29 13:19:29 -04'00'

DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Contract No. BLD2125152B1, UPS Preventative Maintenance and Repair

Reference for: ARM Electrical Services LLC

Organization/Firm Name providing reference:

Bank United

Contact Name: Jose Rodriguez

Reference date:

Contact Email: JRRodriguez@BankUnited.com

Contact Phone: 786-313-1658

Name of Referenced Project: Bank United PM

Contract No.

Date Services Provided:

Project Amount: \$7,400.00

12/21 to Current

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/Subcontractor

Would you use this vendor again? ☒ Yes ☐ No

Description of services provided by Vendor:

Please rate your experience with the
referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive
- b. Accuracy
- c. Deliverables

☐	☐	☒	☐
☐	☐	☒	☐
☐	☐	☒	☐

2. Vendor's Organization:

- a. Staff expertise
- b. Professionalism
- c. Turnover

☐	☐	☒	☐
☐	☐	☒	☐
☐	☐	☒	☐

3. Timeliness of:

- a. Project
- b. Deliverables

☐	☐	☒	☐
☐	☐	☒	☐

4. Project completed within budget

☐	☐	☒	☐
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5. Cooperation with:

- a. Your Firm
- b. Subcontractor(s)/Subconsultant(s)
- c. Regulatory Agency(ies)

☐	☐	☒	☐
☐	☐	☒	☐
☐	☐	☒	☐

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: ☒ EMAIL ☐ VERBAL Verified by: ANGELA SALINAS Date: 2022.09.29 12:05:21 -04'00' Division: Date:



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Contract No. BLD2125152B1, UPS Preventative Maintenance and Repair

Reference for: ARM Electrical Services LLC

Organization/Firm Name providing reference:

Baptist Health South Florida

Contact Name: April White

Reference date:

Contact Email: AprilW@baptisthealth.net

Contact Phone: 786-308-3972

Name of Referenced Project: Baptist Health South PM

Contract No.

Date Services Provided:

Project Amount: \$10,800.00

07/21 to 06/24

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/Subcontractor

Would you use this vendor again? ☒ Yes ☐ No

Description of services provided by Vendor:

Provides quarterly UPS battery maintenance for the CAT Scan dept. Replaces batteries as necessary.

Please rate your experience with the referenced Vendor:

Needs
Improvement

Satisfactory

Excellent

Not
Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

☐
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2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

☐
☐
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☐
☐
☐

3. Timeliness of:

a. Project

b. Deliverables

☐
☐
☐
☐
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☒
☐
☐

4. Project completed within budget

☐
☐
☒
☐

5. Cooperation with:

a. Your Firm

b. Subcontractor(s)/Subconsultant(s)

c. Regulatory Agency(ies)

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Additional Comments: (provide on additional sheet if needed)

Very reliable, professional service provider.

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Verified via: ☒ EMAIL ☐ VERBAL

Verified by:

ANGELA SALINAS

Digitally signed by ANGELA SALINAS
Date: 2022.09.29 12:06:51 -0400

Division:

Date:



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Contract No. BLD2125152B1, UPS Preventative Maintenance and Repair

Reference for: ARM Electrical Services LLC

Organization/Firm Name providing reference:

Steward Health

Contact Name: Yanett Martos-Anselmetti

Reference date:

Contact Email: Yanett.Martos-Anselmetti@steward.org

Contact Phone: 305-823-5000

Name of Referenced Project: Palmetto General Hospital UPS and Battery PM

Contract No.

Date Services Provided:

Project Amount: \$27,396.00

09/20 to 09/23

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/SubcontractorWould you use this vendor again? ☒ Yes ☐ No

Description of services provided by Vendor:

UPS and battery preventive maintenance and receptacles testing.

Please rate your experience with the
referenced Vendor:Needs
Improvement

Satisfactory

Excellent

Not
Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

4. Project completed within budget

5. Cooperation with:

a. Your Firm

b. Subcontractor(s)/Subconsultant(s)

c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: ☒ EMAIL ☐ VERBAL

Verified by:

ANGELA SALINAS

Digitally signed by ANGELA
SALINAS
Date: 2022.09.29 12:08:07 -04'00'

Division: _____

Date: _____