



TO: Peggy Cadeaux, Purchasing Agent Senior
Purchasing Division
FROM: Angelica Jones, Assistant General Manager-Operations
Transportation Department
SUBJECT: Solicitation No.: TRN2124091B1
Bus Batteries

Recommended Vendor: Original Equipment Company
Recommended Group(s)/Line Item(s): 1-8
Initial Award Amount: \$ 460,778.00 Potential Total Amount: \$ 1,382,334.00
Initial Contract Term: One Year Contract Term, including Renewals: Three 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: Angelica Jones
(Individual authorized to administer the contract.)

TITLE: Asst GM-Operations

SIGNATURE: Angelica Jones

Digitally signed by Angelica Jones
Date: 2022.03.31 09:49:42 -04'00'

DATE: 3/31/22

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2124091B1 Bus Batteries

Reference for (Name of Firm): Original Equipment

Organization/Firm Name providing reference: Florida Crystals Corporation

Contact Name: Manny Rodriguez

Title: Senior Buyer

Contact Email: Manny.Rodriguez@floridacrystals.com

Contact Phone: (561) 515-8049

Name of Referenced Project: Parts and filters

Contract No. cannot disclose per company policy

Contract Amount: 2,000,000.00

Date Services Provided: 2016 - present

(list date range or date services began until "current")

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

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

Difficulties in getting parts, vendor goes above and beyond to get filters from different suppliers to fulfill order. Florida Crystals has been purchasing from Original Equipment for over 35 years.

References Checked By

Name: Fife, Katie

Digitally signed by Fife, Katie
Date: 2022.03.25 14:41:33 -04'00'

Title: Transit Manager-Materials

Division/Department: Transportation-Transit

Date of Verification: 03/25/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2124091B1 Bus Batteries

Reference for (Name of Firm): Original Equipment

Organization/Firm Name providing reference: Miami Dade County

Contact Name: Rey Llerana

Title: Fleet and Procurement Manager

Contact Email: rey.llerana@miamidade.gov

Contact Phone: (786) 469-2744

Name of Referenced Project: OE Parts, AC Delco Parts

Contract No. FB-00399

Contract Amount: 60,000.00

Date Services Provided: Feb 2018 to present

(list date range or date services began until "current")

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

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Fife, Katie

Digitally signed by Fife, Katie
Date: 2022.03.25 09:57:17 -04'00'

Title: Transit Manager-Materials

Division/Department: Transportation-Transit

Date of Verification: 03/25/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2124091B1 Bus Batteries

Reference for (Name of Firm): Original Equipment

Organization/Firm Name providing reference: P.B.C. Palm Tran

Contact Name: Carl Bolden

Title: Purchasing Manager

Contact Email: cboldin@pbcgov.,org

Contact Phone: (561) 841-4251

Name of Referenced Project: Mass Transit Bus Parts

Contract No. 680-21026

Contract Amount: 60,000.00

Date Services Provided: Jan 2018 to present

(list date range or date services began until "current")

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

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

| | Needs Improvement | Satisfactory | Excellent | Not Applicable |
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| 1. Vendor's Quality of Service | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

He always keep him abreast about whats coming down. Example: told him about shortages, helping in preparing for upcoming issues

References Checked By

Name: Fife, Katie

Digitally signed by Fife, Katie
Date: 2022.03.25 10:05:30 -04'00'

Title: Transit Manager-Materials

Division/Department: Transportation-Transit

Date of Verification: 03/25/2022