



TO: Randy Plunkett
Purchasing Division
FROM: Richard Waskiewicz, Enterprise Director of Facilities/Maintenance *RW*
Aviation Department
SUBJECT: Solicitation No.: BLD2123530Q1
Building Automation System Services at FLL

Recommended Vendor: Johnson Controls, Inc.
Recommended Group(s)/Line Item(s): Group 1
Initial Award Amount: \$ 2,700,120.00 Potential Total Amount: \$ 5,400,240.00
Initial Contract Term: Five Years Contract Term, including Renewals: Ten 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 Not need for this solicitation.

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: Lisette Forrest TITLE: Contract/Grant Administrator Senior
(Individual authorized to administer the contract.)

SIGNATURE: Lisette Forrest Digitally signed by Lisette Forrest Date: 2022.03.16 13:13:00 -04'00' DATE: 3/16/22



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2123530Q1 Building Automation Systems Services at FLL

Reference for (Name of Firm): Johnson Controls, Inc.

Organization/Firm Name providing reference: City of Miami Riverside

Contact Name: Juan Oves

Title:

Contact Email: Joves@miamigov.com

Contact Phone: (786) 344-1314

Name of Referenced Project: Planned Service Agreement to maintain Site Controls

Contract No. (FY-21-22) 2108978

Contract Amount: \$ 29,136.56

Date Services Provided:

10/21 - 09/22

(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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: (JUAN OVES)

Title: FACILITY MAINTENANCE MAN:

Division/Department:

Date of Verification:

Lisette Forrest, Contract/Grant Administrator, BCAD Maintenance Division 2/15/2022

Vendor Reference Verification Form – Bids and Quotes
(Revised 1/22)



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2123530Q1 Building Automation Systems Services at FLL

Reference for (Name of Firm): Johnson Controls, Inc.

Organization/Firm Name providing reference: Florida International University

Contact Name: Danny Paan Title: Director

Contact Email: paand@fiu.edu Contact Phone: (305) 348-4005

Name of Referenced Project: Planned Service Agreement to maintain Site Controls

Contract No. PO 227926 Contract Amount: \$225,000.00

Date Services Provided: 07/01/2021 through 06/30/2022

(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:

Specialized services and diagnostics to the EMS and Controls at FIU Campuses

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 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)

JCI is a very professional, responsive, and knowledgeable firm.

References Checked By

Name: Lisette Forrest

Title: Contract/Grants Administrator Senior

Division/Department: BCAD Maintenance Division

Date of Verification: 02/15/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2123530Q1 Building Automation Systems Services at FLL

Reference for (Name of Firm): Johnson Controls, Inc.

Organization/Firm Name providing reference: MDM Hotel Group - JW Marriott Brickell

Contact Name: Urs W Lutschg

Title: Corporate Director of Engineering

Contact Email: Urs.Lutschg@mdmusa.com

Contact Phone: (305) 527-3864

Name of Referenced Project: Planned Service Agreement to maintain Site Controls

Contract No. 1-19INOQ5G

Contract Amount: \$9,998 in 1st year

Date Services Provided: since 03/01/2021

(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:

Technical support and Maintenance on the existing Metasys software and system components

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"/>	
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)

We will contract JOHNSON CONTROLS for the replacement of the actual Building Management System (BMS)

References Checked By

Name: Lisette Forrest

Title: Contract/Grant Administrator Senior

Division/Department: BCAD Maintenance Division

Date of Verification: 02/15/2022