



TO: Robert Gleason, Director
Purchasing Division
FROM: Harris Hamid, Enterprise Director
Facilities Maintenance Division, Port Everglades Department
SUBJECT: Solicitation No.: BLD2123798B1
Fencing - New, Repair and Replacement Services

Recommended Vendor: Coast to Coast Garage Door, LLC
Recommended Group(s)/Line Item(s): 1-73
Initial Award Amount: \$ 5,904,454.00 Potential Total Amount: \$ 29,522,270.00
Initial Contract Term: One Year 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 Contracts Central 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 Contracts Central.

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: Harris Hamid TITLE: Director of Facilities Maintenance
(Individual authorized to administer the contract.)

SIGNATURE: **HARRIS HAMID** Digitally signed by HARRIS HAMID Date: 2022.07.05 15:09:48 -04'00' DATE: 7/5/22



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2123798B1, Fencing - New, Repair and Replacement Services

Reference for (Name of Firm): Coast to Coast Garage Door, LLC

Organization/Firm Name providing reference: City of Deerfield Beach

Contact Name: Mike Pursell Title: Parks Superintendent

Contact Email: mpursell@deerfield-beach.com Contact Phone: (954) 410-4403

Name of Referenced Project: Citywide Gate and Fence Repairs

Contract No. ITB#2014-15/28 Contract Amount: 50,000.00

Date Services Provided: 10-12-17 through 9-30-18

(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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
 He would hire them again.

References Checked By
 Name: Leona McAndrews Title: CGA

Division/Department: Port Everglades/Seaport Facilities Maint. Date of Verification: 06/28/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2123798B1, Fencing - New, Repair and Replacement Services

Reference for (Name of Firm): Coast to Coast Garage Door, LLC

Organization/Firm Name providing reference: City of Lauderhill

Contact Name: Lynda Vinaccia Title: Facilities Administrative Assistant

Contact Email: ldiaz@Lauderhill-fl.gov Contact Phone: (954) 730-2980

Name of Referenced Project: Citywide Gate and Fencing Repairs

Contract No. 2014-15-28 (piggybacking City of Deerfield Beach cnt.) Contract Amount: 79,000.00

Date Services Provided: 2014 - current

(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)
 Contract amount: There is no set amount. Used as needed: \$79,000 used this year.
 Vendor is highly recommended. They are punctual and helpful.

References Checked By
 Name: Leona McAndrews Title: CGA

Division/Department: Port Everglades/Seaport Facilities Maint. Date of Verification: 07/07/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2123798B1, Fencing - New, Repair and Replacement Services

Reference for (Name of Firm): Coast to Coast Garage Door, LLC

Organization/Firm Name providing reference: City of Sunrise

Contact Name: Gary Smith Title: Utilities/Plant Maint. Supervisor

Contact Email: GSmith@sunrisefl.gov Contact Phone: (954) 888-6075

Name of Referenced Project: Fence Installation and Repair Services

Contract No. 20-49-06-CM Contract Amount: 12,000.00

Date Services Provided: October 2020 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)
 They have a blank Purchase Order under a contract amount of \$7005. After that, job are bid on contract pricing per project. Proposals are reviewed and approved on a case-by-case basis.

References Checked By
 Name: Leona McAndrews Title: CGA

Division/Department: Port Everglades/Seaport Facilities Maint. Date of Verification: 07/07/2022