



**TO:** Windelle Jean-Pierre, Senior Purchasing Agent, Purchasing Division  
Purchasing Division  
**FROM:** Arethia Douglas P.E., Assistant General Manager  
Capital Programs Division, Transportation Department  
**SUBJECT:** Solicitation No.: TRN2123318C1  
Enhancement and Retrofit Project for Ravenswood Transit Facility

Recommended Vendor: A&P Contracting Co. Inc.

Recommended Group(s)/Line Item(s): All Lines

Initial Award Amount: \$ 1,379,425

Potential Total Amount: \$ 1,379,425

Initial Contract Term: Fixed Purchase

Contract Term, including Renewals: Fixed Purchase

**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  $\geq 2.59$  on all evaluations.  
☐ No evaluations within the past three years contained any items rated a score of 2 or less.  
☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
☐ Vendor received a score of  $\leq 2$  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: Arethia Douglas TITLE: Assistant General Manager  
(Individual authorized to administer the contract.)

SIGNATURE: Arethia Douglas DATE: 6/1/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2123318C1, Enhancement and Retrofit Project for Ravenswood Transit Facility

Reference for (Name of Firm): A&P Contracting Co. Inc.

Organization/Firm Name providing reference: AAA Cooper Trucking

Contact Name: Andy Wood

Title: Project Manager

Contact Email: andy.wood@aaacooper.com

Contact Phone: (334) 648-8314

Name of Referenced Project: 2022 Facility Renovation

Contract No. N/A

Contract Amount: 314,000.00

Date Services Provided: October 2021 - February 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:

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)

Excellent contractor to work with.

References Checked By

Name:

Thomas Jones

Title:

PM

Division/Department:

Capital Programs

Date of Verification:

6/1/2022





## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2123318C1, Enhancement and Retrofit Project for Ravenswood Transit Facility

Reference for (Name of Firm): A&P Contracting Co. Inc.

Organization/Firm Name providing reference: Alstom - AirTrain JFK

Contact Name: Jose Iglesias

Title: Assistant Fleet Manager

Contact Email: jose.iglesias-1@alstomgroup.com

Contact Phone: (646) 734-7259

Name of Referenced Project: Infrastructure Repairs & Maintenance

Contract No. N/A

Contract Amount: 5,000,000.00

Date Services Provided: Jan 2010 - 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)

A & P is a good company. They are very reliable, dependable and honest

References Checked By

Name: Janel McLeod

Title: Office Manager

Division/Department: Capital Programs / Transportation Department

Date of Verification: 05/26/2022



## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2123318C1, Enhancement and Retrofit Project for Ravenswood Transit Facility

Reference for (Name of Firm): A&P Contracting Co. Inc.

Organization/Firm Name providing reference: Hertz Corporation

Contact Name: Brad Frazier

Title: Project Manager

Contact Email: bradley.frazier@hertz.com

Contact Phone: (843) 693-2402

Name of Referenced Project: Hertz JFK Brand Refresh

Contract No. N/A

Contract Amount: 4,000,000.00

Date Services Provided: November 2019 - February 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:

#### 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)

No Additional Comments.

References Checked By

Name: Janel McLeod

Title: Office Manager

Division/Department: Capital Programs / Transportation Department

Date of Verification: 05/26/2022