

TO: Randy Plunkett Purchasing Division FROM: Richard Waskiewicz, Enterprise Director Facilities Maintenance **Aviation Maintenance** SUBJECT: Solicitation No.: BI D2122449G1 Elevator, Escalator, and Moving Walk Maintenance and Repair-Aviation Recommended Vendor: Schindler Elevator Corporation Recommended Group(s)/Line Item(s): Items 01-01 thru 01-10 Potential Total Amount: \$ 19,411,677,33 Initial Award Amount: \$ 14,347,761.50 Initial Contract Term: 34 Months (2 Yrs. 10 Mon.) Contract Term, including Renewals: 46 Months (3 Yrs. 10 Mon.) **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) X 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: X 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  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: Lori Vassello **TITLE: Contract Administrator Senior** (Individual authorized to administer the contract.) Digitally signed by Lori Vassello Nassello DATE: 8/26/21 Date: 2021.08.26 07:51:59 -04'00' SIGNATURE:



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2122449G1 - Elevator, Escalator, and Moving Walk								
Maintenance and Repair @ FLL Reference for: (Name of Firm) SCHINDLER ELEVATOR								
Organization/Firm Name providing reference: Greater Orlando Aviation Authority								
Contact Name/Title: Thomas O'Day, Manager Maintenance Contracts								
Contact E-mail: thomas.oday@goaa.org								
Contact Phone: 407-825-2375								
Name of Referenced Project: Elevator, Escalator and Moving Walk Maintenance and Repair Services								
Contract No. B01-21	<u> </u>							
Contract Amount: Year-1 \$4,1	33,442.56							
Date Services Provided: 6/1/21 to	o current							
(list date rai	nge or date serv	ices began unti	I "current")					
Vendor's role in Project: ⊠ Prime Ven	dor Sub-c	consultant/Sub-	contractor					
Would you use this vendor again?⊠ Ye				onal Comments (below).				
Description of services provided by V								
On-going O&M services for the Autho		. escalators ar	d movina w	alks. Total number of				
units is currently 234. Service is 24/7/	365, including	holidays, weel	kends and e	xtreme weather events.				
	,	• ,						
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable				
1. Vendor's Quality of Service	•							
a. Responsive			$\boxtimes$	П				
b. Accuracy	$\bar{\sqcap}$	ī	$\boxtimes$	ī				
c. Deliverables	ñ	ī	$\boxtimes$	Ä				
2. Vendor's Organization								
a. Staff expertise			$\boxtimes$	П				
b. Professionalism	Ä	Ä	$\boxtimes$	П				
c. Turnover	ñ	$\boxtimes$	ñ	Ä				
3. Timeliness of:	_	_		<b>-</b>				
a. Project		$\boxtimes$		П				
b. Deliverables		$\boxtimes$						
Additional Comments: (provide on add								
Suggest greater clarity of all terms, co	onditions, defini	itions, etc. Es	pecially in th	ne definition of "third				
party exclusions", "additional work" a	nd "consumabl	le/spare parts'	' language.	Also suggest for all				
sub-contractors to be included as part annual inspections, certifications and	Comificator of	ontract, includi Operation as r	ng, cleaning per the State	, toucn-up painting, of Florida				
, and the same of	Certificates of							
	Certificates of							
References Checked By Name: Lori Vassello	Certificates of		ntract Admin					
References Checked By		Title: Co	•	istrator				



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2122449G1 - Elevator, Escalator, and Moving Walk								
Maintenance and Repair @ FLL Reference for: (Name of Firm) SCHINDLER ELEVATOR								
Organization/Firm Name providing reference: Miami Dade County								
Contact Name/Title: Amaury Martel								
Contact E-mail: AMartell@miami-airport.com								
Contact Phone: 305-869-3143								
Name of Referenced Project: Elevator, Escalator and Moving Walk Maintenance and Repair Services								
Contract No. SS 1245								
Contract Amount: \$139,966.00 n	no.							
Date Services Provided: 2007-2027								
(list date range or date services began until "current")								
Vendor's role in Project: ⊠ Prime Ver	ndor 🗌 Sub-	-consultant/Sub-	contractor					
Would you use this vendor again? ⊠ Ye				onal Comments (below).				
Description of services provided by V	endor:			<u> </u>				
Elevator, escalator and moving walk r	naintenance, r	epair and insta	llation.					
_		•						
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable				
1. Vendor's Quality of Service								
a. Responsive		П	$\boxtimes$	П				
b. Accuracy			$\boxtimes$					
c. Deliverables	H			H				
2. Vendor's Organization								
a. Staff expertise			$\boxtimes$	П				
b. Professionalism	H		$\boxtimes$					
c. Turnover	H	H						
3. Timeliness of:								
a. Project	П	$\boxtimes$	П	П				
b. Deliverables	ñ		Ä	Ä				
		2_3						
Additional Comments: (provide on ad	ditional sheet i	f needed)						
Poforonoon Charlest Dir								
References Checked By Name: Lori Vassello		Title: Co	Tible: Combrest Administrator					
			Title: Contract Administrator					
Division/Department: Aviation Maintenance		Date of V	Date of Verification: August 25, 2021					



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2122449G1 - Elevator, Escalator, and Moving Walk							
Reference for: (Name of Firm)		and Repair @ F	·LL				
Reference for: (Name of Firm) SCHINDLER ELEVATOR Organization/Firm Name providing reference: Hillsborough County Aviation Authority							
Contact Name/Title: Eric Sugrue							
Contact E-mail: esugrue@tampaairport.com							
Contact Phone: 813-676-4635							
Name of Referenced Project: Elevator, Escalator and Moving Walk Maintenance Services							
Contract No. Maintenance Contract for Elevators, Escalators and Moving Walks at Tampa International Airpog							
Contract Amount: 11,696,880 over 5 year term							
Date Services Provided: 3/1/2018 - Current							
		vices began unti	I "current")				
Vendor's role in Project: ⊠ Prime Vendor □ Sub-consultant/Sub-contractor Would you use this vendor again?⊠ Yes □ No If No, please specify in Additional Comments (below).							
Description of services provided by Vendor: Vendor provides the owner with all labor, materials and equipment performance of full service and first class maintenance of all of the elevators, escalators and moving walks installed at Tampa International Airport.							
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable			
1. Vendor's Quality of Service							
a. Responsive			$\boxtimes$				
b. Accuracy		$\overline{\Box}$	$\boxtimes$	Ē			
c. Deliverables		ī	$\boxtimes$	ñ			
2. Vendor's Organization	<del></del>	_	_	_			
a. Staff expertise			$\boxtimes$				
b. Professionalism			$\boxtimes$				
c. Turnover			$\boxtimes$				
3. Timeliness of:							
a. Project				$\boxtimes$			
b. Deliverables							
Additional Comments: (provide on add	ditional sheet i	f needed)		:			
References Checked By Name: Lori Vassello		<b>T</b> ''' •					
Division/Department: Aviation Maintenan	ice .		ntract Admini	strator August 26, 2021			
		Date UI \	Cimualiuii. F	NUYUƏL ZU. ZUZ I			