

TO: Robert Gleason, Director **Purchasing Division** FROM: Scott Campbell, Director **Facilities Management Division** SUBJECT: Solicitation No.: BLD2125152B1 **UPS Preventative Maintenance and Repair** Recommended Vendor: ARM Electrical Services LLC Recommended Group(s)/Line Item(s): Groups 1, 2, 3, and 4 Initial Award Amount: \$ 919.350.00 Potential Total Amount: \$ 2,298,375.00 Initial Contract Term: Contract Term, including Renewals: Five Years Two 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) X 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 ≤ 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. TITLE: Director, Facilities Management Divisies TYPED NAME OF SIGNER: Scott Campbell (Individual authorized to administer the contract.)

SIGNATURE: SCOTT CAMPBELL Digitally signed by SCOTT CAMPBELL Date: 2022.09.29 13:19:29 -04'00'

DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title:							
Contract No. BLD2125152B1, UPS Preventation	ve Maintenance	and Repair					
Reference for: ARM Electrical Services LLC							
Organization/Firm Name providing reference:							
Bank United							
Contact Name: Jose Rodriguez Reference date:							
Contact Email: JRRodriguez@BankUnited.com Contact Phone: 786-313-1658							
Name of Referenced Project: Bank United PM							
Contract No. Date Services	Provided:		Project Ar	mount: \$7,400.00			
12/21	to Current						
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor					
Would you use this vendor again? X	□No						
Description of services provided by Vendor:							
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable			
Vendor's Quality of Service			<u> </u>				
a. Responsiveb. Accuracy	H	\vdash		H			
c. Deliverables			$\overline{\mathbf{X}}$				
2. Vendor's Organization:			ΓΧ̈́				
a. Staff expertiseb. Professionalism	H		岗				
c. Turnover			X				
3. Timeliness of:			Κ̈́				
a. Project b. Deliverables	H		K)	\vdash			
Project completed within budget			ιά				
Cooperation with:a. Your Firm			IXI				
b. Subcontractor(s)/Subconsultant(s)			ĬŢ.				
c. Regulatory Agency(ies)			X				
Additional Comments: (provide on additional sheet if needed)							
THIS SECTION FOR COUNTY USE ONLY Digitally signed by ANGELA							
Verified via: X EMAIL VERBAL Verified by: ANGELA SALINAS SALINAS SALINAS Date: 2022.09.29 12:05:21 -04'00' Division: Date:							

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the 6/1 County as a passion rejection, rescission of the uward or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 222 Procurement Code.



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Contract No. BLD2125152B1, UPS Preventative No.	Asintonanco a	and Ponair				
Reference for: ARM Electrical Services LLC	viairiteriarite a	пи перап				
Organization/Firm Name providing reference:						
Baptist Health South Florida						
Contact Name: April White		Refere	ence date:			
Contact Email: AprilW@baptisthealth.net	Contact Phone: 786-308-3972					
Name of Referenced Project: Baptist Health South	n PM					
Contract No. Date Services Pro			Project Amo	ount: \$10,800.00		
07/21	to 06/24					
Vendor's role in Project: ✓ Prime Vendor Sul	bconsultant/S	ubcontractor				
Would you use this vendor again? Yes	No					
Description of services provided by Vendor:	a	Hennoe	for the	CAT Scan		
Provides quarterly UPS both dept. Replaces botheries as	nece [co	1/4				
Please rate your experience with the	Needs Improvement	Satisfactory	Excellent	Not Applicable		
Vendor's Quality of Service						
a. Responsiveb. Accuracy	H					
c. Deliverables						
2. Vendor's Organization:						
a. Staff expertiseb. Professionalism	Ħ					
c. Turnover						
3. Timeliness of:						
a. Project b. Deliverables	H					
4. Project completed within budget						
5. Cooperation with:						
a. Your Firmb. Subcontractor(s)/Subconsultant(s)	H					
c. Regulatory Agency(ies)						
Additional Comments: (provide on additional sheet if needed)						
Very reliable, professional service provider.						
THIS SECTION FOR COUNTY USE ONLY						
Verified via: X_EMAILVERBAL Verified by: ANGELA SALINAS Distally signed by ANGELA SALINAS Batter 2022;09:29 12:06:51-04000 Division: Division:						

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the 6/10 perty as a pasis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 222 Procurement Code.



Vendor Reference Verification Form

Broward County Solicitation N	o. and Title:					
Contract No. BLD2125152B1,	UPS Preventativ	ve Maintenance a	and Repair			
Reference for: ARM Electrical	Services LLC					
Organization/Firm Name provi	ding reference:					
Steward Health						
Contact Name: Yanett Martos-Anselmetti Reference date:						
				ntact Phone: 305-823-5000		
Name of Referenced Project:	Palmetto General	Hospital UPS a	nd Battery PM			
Contract No.	Date Services I	Provided:		Project A	mount: \$27,396.00	
	09/20	to 09/23				
Vendor's role in Project: 🔽 Pri	me Vendor	Subconsultant/Si	ubcontractor			
Would you use this vendor agai	n? Yes	No				
Description of services provi	ded by Vendor:					
UPS and battery preventive ma	aintenance and red	ceptacles testing.				
Please rate your experience referenced Vendor:	with the	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service	ce					
a. Responsive		\vdash				
b. Accuracy c. Deliverables		H			H	
2. Vendor's Organization:			<u> </u>	<u></u> ₩		
a. Staff expertise		\vdash			H	
b. Professionalism c. Turnover		H			H	
				V		
Timeliness of:a. Project				\checkmark		
b. Deliverables				\checkmark		
4. Project completed within	budget			$\overline{\checkmark}$		
5. Cooperation with:						
a. Your Firmb. Subcontractor(s)/S	ubconsultant(s)	\vdash			<u> </u>	
c. Regulatory Agency		H				
Additional Comments: (provide on additio	nal sheet if needed)					
	***THIS SECT	ION FOR COUNTY US				
Verified via: _X_EMAILVERBAI	ANGEL A	SALINAS Date: 2022.09.29 12:08:0	ELA		Date:	
					<u> </u>	