



TO: Jermaine Pinnock, Purchasing Agent
Purchasing Division
FROM: Arethia Douglas, P.E., Assistant General Manager
Transportation Department
SUBJECT: Solicitation No.: TRN2124711B1
Bus Stop Sign and Pole Mounted Solar Lighting Installation

Recommended Vendor: Advanced Service Management, Inc.

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

Initial Award Amount: \$ 1,388,715 Potential Total Amount: \$ 5,554,860

Initial Contract Term: One Year Contract Term, including Renewals: Four 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 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: Arethia Douglas, P.E.
(Individual authorized to administer the contract.)

TITLE: Assistant General Manager

SIGNATURE: Douglas, Arethia Digitally signed by Douglas, Arethia
Date: 2022.09.22 12:00:15 -04'00' DATE: 9/22/22

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2124711B1

Reference for (Name of Firm): Advanced Service Management, Inc.

Organization/Firm Name providing reference: Florida Engineering

Contact Name: Evelyn Aleman

Title: Project Manager

Contact Email: evelyn@floridaengineering.net

Contact Phone: 3058208333

Name of Referenced Project: Traffic Circle, Speed Tables, and Intersection Improvement

Contract No. N/A

Contract Amount: 155,000.00

Date Services Provided: April 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:

Installation of chargers (for cars & buses), installation of cameras, performed the concrete.

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)

None.

References Checked By

Name: Amir Al-Ali

Title: Staff Engineer

Division/Department: Capital Programs Transit Division

Date of Verification: 08/25/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2124711B1

Reference for (Name of Firm): Advanced Service Management, Inc.

Organization/Firm Name providing reference: Interstate Construction, LLC

Contact Name: Alek Graupera

Title: Project Manager

Contact Email: alekgraupera@interstate13.com

Contact Phone: (754) 208-2525

Name of Referenced Project: Installation of Bus Shelters and Bus Stop Signs

Contract No. N/A

Contract Amount: 400,000.00

Date Services Provided: November 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:

Electrical & installing bus shelters.

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 were great, and easy to work with.

References Checked By

Name: Amir Al-Ali

Title: Staff Engineer

Division/Department: Capital Programs Transit Division

Date of Verification: 08/25/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2124711B1, Bus Stop Sign and Pole Mounted Solar Lighting Installation

Reference for (Name of Firm): Advanced Service Management, Inc.

Organization/Firm Name providing reference: Southeastern Engineers

Contact Name: Freddy Vargas

Title: Project Manager

Contact Email: fred@southeasterneng.com

Contact Phone: 305-557-4226; Ext 4

Name of Referenced Project: Golden Beach Bus Shelters

Contract No. N/A

Contract Amount: 12,000.00

Date Services Provided: March 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)

Good price for the kind of work they do.

References Checked By

Name: Amir Al-Ali

Title: Staff Engineer

Division/Department: Capital Programs Transit Division

Date of Verification: 08/25/2022