

TO: Robert Gleason, Director **Purchasing Division** FROM: Harris Hamid, Director Facilites Maintenance Division, Port Everglades Department SUBJECT: Solicitation No.: BLD2124749B1 Exterior Window Cleaning Services at Port Everglades Recommended Vendor: Over The Top Window Cleaning, Inc. Recommended Group(s)/Line Item(s): 1-17 Potential Total Amount: \$1,020,780.00 Initial Award Amount: \$ 204,156.00 Initial Contract Term: Contract Term, including Renewals: Five Years One Year **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 This vendor has performed in the Port in the past, with positive performance. **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.

SIGNATURE: HARRIS HAMID

TYPED NAME OF SIGNER: Harris Hamid (Individual authorized to administer the contract.)

Digitally signed by HARRIS HAMID Date: 2022.08.05 14:18:32 -04'00'

DATE: 8/5/22

TITLE: Director



## **Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title:			ning Services a	at Port Everglades
Reference for (Name of Firm): Over The Top	Window Cleaning, Inc			
Organization/Firm Name providing reference	e: Cheeky Monkey Cle	aning Services		
Contact Name: Evan Saona	an Saona Title: Owner			
Contact Email: evan@cheekym.com	Contact Phone: (754) 229-0709			
Name of Referenced Project: Construction C	leaning			
Contract No. n/a	Contract Amount: 26,000.00			
Date Services Provided: 2010-Present (Contr	act Amount is for 2021	)		
	range or date service		current")	
Vendor's role in Project:  Prime Vendor Would you use this vendor again?  Yes  Description of services provided by Vend			n Additional Co	omments (below).
All window cleaning services above two stories.				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service			豆	
<ul><li>a. Responsive</li><li>b. Accuracy</li></ul>				
c. Deliverables				
2. Vendor's Organization:				
<ul><li>a. Staff expertise</li><li>b. Professionalism</li></ul>	_		☑	
c. Turnover			_	
3. Timeliness of:	_			_
a. Project				
b. Deliverables				
Additional Comments: (provide on additional shee	t if needed)			
References Checked By		Title		
Name: Michelle George		Title: Contract Administrator		
Division/Department: Port Everglades, Facilities Maintenance		Date of Verification: 08/04/2022		

Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)



## **Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title:			ning Services a	t Port Everglades	
Reference for (Name of Firm): Over The To	p Window Cleaning, Inc				
Organization/Firm Name providing reference	ce: N. A. I. Miami				
Contact Name: Susie Prego (for Jeff Buell)		Title: Prope	erty Manager As	ssistant	
Contact Email: sprego@naimiami.com	mail: sprego@naimiami.com Contact Phone: (305) 775-2216				
Name of Referenced Project: Window Clear	ning - all levels (for multi	ple high rise pro	perties)		
Contract No. na/	Contract Amount: 9,800.00				
Date Services Provided: 2013-Present (Cont	ract Amount is for 2021	)			
	range or date service		current")		
Vendor's role in Project: ☐ Prime Vendor Would you use this vendor again? ☐ Yes	☐ Subconsultant/S☐ No If No, p		n Additional Co	omments (below).	
Description of services provided by Vend	dor:				
Primary vendor for all exterior window cleaning	of multiple high rise buil	dings managed	by this company	<b>/</b> .	
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
<ol> <li>Vendor's Quality of Service         <ul> <li>a. Responsive</li> </ul> </li> </ol>					
b. Accuracy					
c. Deliverables					
2. Vendor's Organization:					
<ul><li>a. Staff expertise</li><li>b. Professionalism</li></ul>	_	_	☑	_	
c. Turnover			_		
3. Timeliness of:	_				
a. Project					
b. Deliverables					
Additional Comments: (provide on additional shee Reference provided by Susie Prego in t	· ·	Buell.			
References Checked By					
Name: Michelle George		Title: Contract Administrator			
Division/Department: Port Everglades, Facilities Maintenance		Date of Verification: 08/04/2022			

Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)



## **Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: B			ning Services a	at Port Everglades
Reference for (Name of Firm): Over The Top \	Nindow Cleaning, Inc			
Organization/Firm Name providing reference	Goodwill Industries	- Miami		
Contact Name: Gines Olivares		Title: <sub>Divisi</sub>	on Operations	Manager, South Flor
Contact Email: golivares@goodwillmiami.com	golivares@goodwillmiami.com Contact Phone: (786) 229-5707			
Name of Referenced Project: Window Cleaning	g - Miami Courthouse	s		
Contract No. <sub>n/a</sub>	Contract Amount: 98,000.00			
Date Services Provided: 2009 - Present (Contra	act Amount is for 202	1)		
(list date ra	ange or date service	es began until "	current")	
Vendor's role in Project:  Prime Vendor   Would you use this vendor again?  Yes  Description of services provided by Vendo	•		n Additional Co	omments (below).
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service     a. Responsive			团	
b. Accuracy				
c. Deliverables				
2. Vendor's Organization:				
<ul><li>a. Staff expertise</li><li>b. Professionalism</li></ul>			☑	
c. Turnover	_			
Timeliness of:     a. Project				
b. Deliverables				
Additional Comments: (provide on additional sheet i	f needed)			
Mr. Olivares has actually worked with this vendor since 2004 (with puse Over The Top as a subcontractor for all window cleaning portic Courthouses requires Federal level security background checks at staff members are quality individuals. Mr. Olivares also states that necessary. He also states the only reason for "Satisfactory" rating of the contraction	ons of their Scope(s) of Worl nd he never has to be conce Mr. Custer is very responsiv	k. Mr. Olivares states rned with the quality or e and will make hims	that the work they d of the staff provided l elf available to meet	o for Miami by vendor; vendor's on Sundays if
References Checked By				
Name: Michelle George				
Division/Department: Port Everglades, Facilities	Maintenance	Date of Ve	erification: 08/0	04/2022

Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)